

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

10352

**1. PLACE OF DEATH**

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Nearest City Farmington, Mo.

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** John Herman Martin

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Annie Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 26, 1874

7. AGE

YEARS

60

MONTHS

8

DAYS

5

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jefferson County Mo.

MOTHER FATHER

13. NAME

Henry Marten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Elizabeth Alberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Springfield Ill.

17. INFORMANT (ADDRESS)

Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE De Soto Mo DATE 4-2-35

19. UNDERTAKER (ADDRESS)

Donnell Dietrich De Soto, Mo

20. FILED

Apr 1, 1935 93 J. Robinson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from

11-21, 1934 to March 31, 1935

I last saw him alive on March 30, 1935 Death is said

to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis

Date of onset

Other contributory causes of importance:

Senile changes or deterioration Terminal Broncho Pneumonia

Name of operation

Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) P. S. Tate, M. D.

(Address) Hosp. #4 Farmington Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY; DO NOT UNFOLDING INFORMATION IS A PERMANENT RECORD

