

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

Do not use this space.

JUL 29 1935

21890

1. PLACE OF DEATH

105 County Sullivan
 6 Township Newtown
 1 City Newtown (No. _____) St. _____ Ward _____

Registration District No. 853
 Primary Registration District No. 4519

File No. _____
 Registered No. 11

2. FULL NAME Archadomus S. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Newtown (STATE OR COUNTRY) Mo

PARENTS
 10. NAME OF FATHER Mr John S. Martin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lena
 12. MAIDEN NAME OF MOTHER Philinda Borch
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT W. J. Martin (Address) Roseton

15. FILED June 27 1935 Ruth Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1935

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1934 to June 25, 1935 that I last saw him alive on June 24, 1935, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Intestinal Nephritis

CONTRIBUTORY (SECONDARY) See above
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? Mo

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) A. W. Widner, M. D.

6-25, 1935 (Address) Newtown Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newtown DATE OF BURIAL 6-25 1935

20. UNDERTAKER H. J. Martin ADDRESS Harris

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.

