

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

Do not use this space.

28405

1. PLACE OF DEATH ^{SEP 26 1935}

County Scott
Township Chaffee
City Chaffee (No. _____) St. _____ Ward _____

Registration District No. 816
Primary Registration District No. 4492

File No. 816
Registered No. 51

2. FULL NAME Edward O. Martin

(a) Residence, No. Yorkum St. _____ Ward Pector

Length of residence in city or town where death occurred yrs. 11 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE N-White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MATTIE MORROW-MARTIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>8</u>	<u>28</u>	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PIGGOTT - ARK.

FATHER 13. NAME UNKNOWN

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT W. M. Hartwell
(ADDRESS) Chaffee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Park Cemetery Aug 27, 1935

19. UNDERTAKER Biglin, Hops & Hubbs
(ADDRESS) Chaffee, Mo.

20. FILED 8/27 1935 W. O. Jurey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1935, to 8-26, 1935

I last saw him alive on 8-26, 1935 Death is said to have occurred on the date stated above, at 7:20 am.

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

Lobar Pneumonia Date of onset 8/19/35

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform 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? No.
If so, specify _____
(Signed) W. O. Jurey, M. D.
(Address) Chaffee, Mo.

Corrected Aug. 29 - 1938 by affidavit. L. Wood.

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.

For affidavit see Misc file #103 -
marriage license have been submitted 3/38
but returned.