THIS IS A PERMANENT RECORD

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.

NOV 19 1935

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

Do not use this space.

32129

1. PLACE OF DEATH

County Carroll   Registration District No. 135   File No.

Township Trotter   Primary Registration District No. 5192   Registered No. 106

City   (No.   St.   Ward)

2. FULL NAME James Archable Martin

(a) Residence, No.   St.,   Ward.   (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 62 mos.   ds.   How long in U. S., if of foreign birth? yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 – 1873.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
62.	1	5	

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.

10. Date deceased last worked at this occupation (month and year) Oct 5 – 1935

11. Total time (years) spent in this occupation 44 years

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

FATHER

13. NAME William H Martin

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

MOTHER

15. MAIDEN NAME Mary Jane Martin.

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

17. INFORMANT Mrs Hattie Martin
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beaty Cemetary DATE Oct 9 1935

19. UNDERTAKER John G Ditch
(ADDRESS) Norborne Mo.

20. FILED 10-9 1935 Ruth Haskins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1935, to Oct 7, 1935

I last saw him alive on Oct 7, 1935 Death is said to have occurred on the date stated above, at 10 A.m.

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

Fracture of 8th Cervical Vertebra due to a fall

Other contributory causes of importance:

1862

12

Name of operation   Date of

What test confirmed diagnosis?   Was there an autopsy? no

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

Accident, suicide, or homicide? accident   Date of injury 10/5, 1935

Where did injury occur? at his house
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at his house, fell from roof of house

Manner of injury

Nature of injury Fracture of cervical Vertebra

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

If so, specify Roofing house

(Signed) W. G. Atwood, M. D.

(Address) Carrollton, Mo