

DEC 20 1935

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

Do not use this space.

38220

1. PLACE OF DEATH
County Saline Registration District No. 796
Township Marshall Mo. Primary Registration District No. 3038
City Marshall Mo. (No. Fitz Gibbon Hwy.)
Registered No. 166 St. _____ Ward _____

2. FULL NAME Albert Martin
(a) Residence, No. _____ St. _____ Ward. Boonville, Mo.
(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 <u>M</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 19 - 1913</u>		
7. AGE	YEARS	MONTHS
	<u>22</u>	<u>-</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	
	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) <u>Nov. 1935</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mokane Mo.</u>		
FATHER	13. NAME <u>A. Lee Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	15. MAIDEN NAME <u>Claud La Deja</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cedar City Mo.</u>	
	17. INFORMANT <u>A. Lee Martin</u> (ADDRESS) <u>Boonville, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove Cem.</u> DATE <u>Nov. 12</u> 19 <u>35</u>		
19. UNDERTAKER <u>Goodman & Bolter</u> (ADDRESS) <u>Boonville, Mo.</u>		
20. FILED <u>Nov. 11</u> 19 <u>35</u> <u>Heleyn Huxton</u> <u>Deputy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1935I HEREBY CERTIFY That I attended deceased from head request 1935 to Nov. 18 1935

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:45 A.M.

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

Broken neck and internal hemorrhage automobile accident 11/9/35

Date of onset _____

Other contributory causes of importance:

Name of operation Autopsy Date of Nov. 10

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 11-9 1935

Where did injury occur? High way 40
(Specify city or town, county, and State)

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

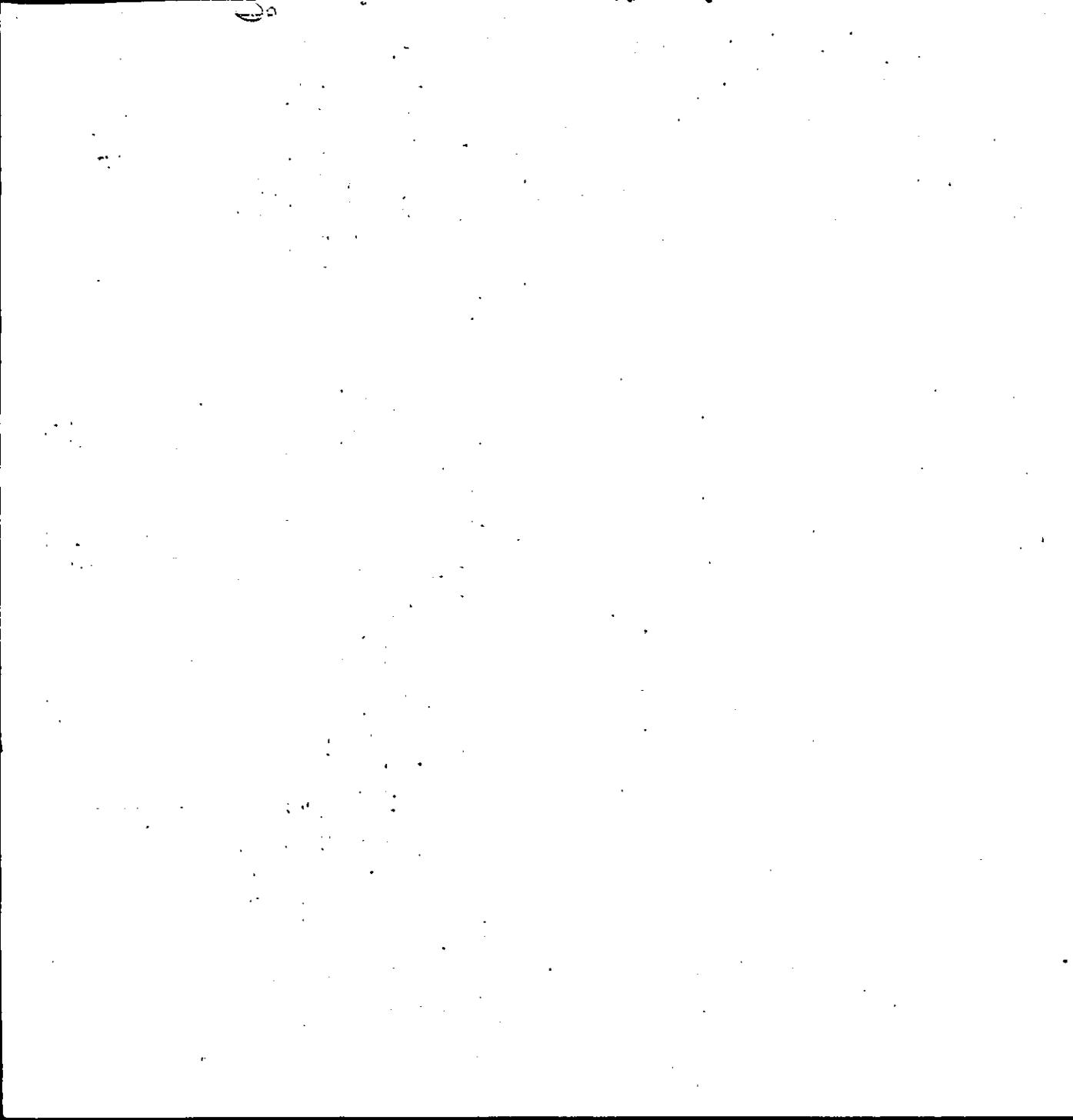
Manner of injury Automobile accident

Nature of injury _____

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

If so, specify _____

(Signed) J. A. Lawless Coroner, M. D.(Address) Marshall Mo.



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ALL INFORMATION ON THIS SUPPLEMENTARY FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township _____ Primary Registration District No. 3038
 City Marshall (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 166

2. FULL NAME Albert 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>s.</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
<u>22</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work is done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1936
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I first saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Broken neck and internal hemorrhage
Automobile accident
deceased was an occupant of a car
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) G. L. Lawless, M. D.
 (Address) Marshall

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS)
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____
	19. UNDERTAKER (ADDRESS)
	20. FILED <u>Jan. 13</u> , 19 <u>36</u> <u>Walter Houston</u> Deputy Registrar.

SUPPLEMENTARY

5-38220