

DEC 16 1935

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

Do not use this space.

41156

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No.)

St. Ward)

2. FULL NAME

Dominick Marty

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Dora Marty

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

Aug 23 1885

7. AGE

YEARS

82

MONTHS

3

DAYS

14

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Ret

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)

Switzerland

13. NAME

Baptist Marty

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

Switzerland

15. MAIDEN NAME

Elyzabeth Ehler

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

Switzerland

17. INFORMANT (ADDRESS)

Joseph J. Marty, Jr., City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Pipers, Mo. DATE Dec 17 1935

19. UNDERTAKER (ADDRESS)

J. H. Ketterland, Inc., 2842 Mississippi

20. FILED DEC - 9 1935

J. Predeck, Registrar

MEDICAL CERTIFICATE OF DEATH

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

12/17 1935

22. I HEREBY CERTIFY, That I attended deceased from

12/3 1935 to 12/17 1935

I last saw him alive on 12/17 1935. Death is said

to have occurred on the date stated above, at 3:10 p.m.

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

Intercurrent of P. Ph hip

Traumatic fracture

Other contributory causes of importance:

Arterio-sclerosis

Date of onset 12-2-35

Name of operation

Date of

What test confirmed diagnosis? I.C. 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 12/17 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

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

Manner of injury Fall at Home

Nature of injury P. Ph hip

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

If so, specify

(Signed) J. J. Marty, M. D.

(Address) City, 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.

