JAN 2 9 1936

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

Do not use this space.

41581

File No.

Registered No. 10825

1. PLACE OF DEATH

County: ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St. Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME Jasper Martin

(a) Residence, No. 817 W Robert St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6-1880

7. AGE: 55 YEARS | MONTHS: 8 | DAYS: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
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): Jackson County Illinois

FATHER

13. NAME: William B Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chester Illinois

MOTHER

15. MAIDEN NAME: Mary Lively
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson County Illinois

17. INFORMANT (ADDRESS): Clifton Martin 3722 Roswell ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MT. HOPE DATE: 12/24 1935

19. UNDERTAKER (ADDRESS): Fendler Gas Co 7819 Michigan ave

20. FILED DEC 23 1935, 19 J P Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:45 A.m.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance: 82 a

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? ✓ 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) Harold [illegible], M. D.

(Address) Depot

WRITE PLAINLY, WITH UNFADING INK--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.