

FEB 18 1938

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

Do not use this space.

340

## 1. PLACE OF DEATH

County BucannanRegistration District No. 82Township WashingtonPrimary Registration District No. 5127

City

(No. 3)M. Co. U.S. Highway 77, R.F.D. # 5.7

File No.

Registered No. 9

Ward

2. FULL NAME Henry Milton Martin(a) Residence, No. mi. S. on 71, R.F.D. # 5, St. Joseph, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 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

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFMrs. E. Martin

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

Feb. 10, 1860

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.751117

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Farm10. Date deceased last worked at  
this occupation (month and  
year) Jan. 193611. Total time (years)  
spent in this  
occupation 5 yr.12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown,  
Illinois

## FATHER

## 13. NAME

Milton Martin14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Green Co. Kentucky

## MOTHER

## 15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown  
Unknown17. INFORMANT  
(ADDRESS)Mrs. Henry M. Martin  
R.F.D. # 5, St. Joseph, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cem.DATE Jan'y. 29, 193619. UNDERTAKER  
(ADDRESS)Theodore Betts & Bowman  
St. Joseph, Mo.

## 20. FILED

Jan 27, 1936

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Jan'y 27th, 1936

## 22. I HEREBY CERTIFY, That I attended deceased from

Jan 23, 1936, to Jan 26, 1936I last saw him alive on Jan 23, 1936 Death is saidto have occurred on the date stated above, at 1:30 P.M.

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

Lobar PneumoniaDate of onset  
1-22-36

Other contributory causes of importance:

Name of operation none 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) H. W. Kearby, M. D.(Address) St. Joseph, Mo.

