

FEB 24 1936

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

Do not use this space.

2727

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near Farmington, Mo.

(No. ....)

File No. ....

Registered No. 19

St. ....

Ward) .....

2. FULL NAME James Luther Martin

(a) Residence, No. Birch Tree, Mo.

St. ....

Ward. ....

(If nonresident, give city or town and State)

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

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Alice Geneva Payne Martin

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

August 25, 1860

7. AGE

YEARS

74

MONTHS

5

DAYS

6

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

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) .....

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

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

WestPort Kentucky

FATHER

13. NAME Joseph Ferrel Martin

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

Claebour County Tennessee

MOTHER

15. MAIDEN NAME Sarah Hussing

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

Warsaw Kentucky

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Oak Grove Cemetery 2-3-36

PLACE Birch Tree, Mo. DATE 19 .....

19. UNDERTAKER J. F. Duncan (ADDRESS) Birch Tree, Mo.

20. FILED Feb 1, 1936 W. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Jan 31, 1936

I last saw him alive on Jan 31, 1936. Death is said to have occurred on the date stated, above, at 10:30 p.m.

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

Epilepsy  
Chronic myocarditis  
Chronic nephritis

Other contributory causes of importance:  
Chronic myocarditis  
Chronic nephritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chinault Test 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) P. S. Zeli, M. D.  
(Address) Hosp. #4 Farmington Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

