

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

Do not use this space.

5281

1. PLACE OF DEATH
 County Boyer Registration District No. 266
 Township Boyer Primary Registration District No. 5375
 City Boyer No. _____ St. _____ Ward _____

2. FULL NAME James J. Martin
 (a) Residence, No. Boyer Mill 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Nona Martin
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>	<u>78</u>	<u>6</u>	<u>22</u>	

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) Cherryville Mo.

FATHER 13. NAME J. Martin

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Geo. Martin
Boyer Mill

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Boyer Mo. DATE Feb 6 1936

19. UNDERTAKER None
 (ADDRESS) _____

20. FILED Feb 5 1936 W. E. Rudd M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to _____, 19____
 I last saw him alive on July 1 1936 Death is said to have occurred on the date stated above, at 9:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Uremia
 Other contributory causes of importance:
Arterio Sclerosis
Senility

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

23. If death was due to external causes (injury), 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) W. E. Rudd, M. D.
 (Address) Boyer 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.

WHILE FILLING IN THIS CERTIFICATE, WITH CARE AND ACCURACY.

