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.

W. White APR 25 1936

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

Do not use this space.

12307

1. PLACE OF DEATH
County St. Louis Registration District No. 789
Township Normandy Primary Registration District No. 6033
City St. Johns (No. 8521 Renz St. Ward)

File No.
Registered No. 87

2. FULL NAME Ezra H. Martin
(a) Residence, No. 8521 Renz 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 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 Martha J. Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31-1845
7. AGE YEARS 90 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) Pike Co. Mo.

FATHER
13. NAME Robert Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Susan Landrum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Walter R. Martin 8221 Renz
18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana Mo DATE 3-17- 1936
19. UNDERTAKER (ADDRESS) Bannam Bros Inc. Overland Mo.
20. FILED 3-16- 1936 [illegible] Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1936
22. I HEREBY CERTIFY, That I attended deceased from 1934, 19, to March, 1936
I last saw him alive on 3/14, 1936 Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis.
Date of onset
Other contributory causes of importance:
Hypertrophic Prostatitis.
General debility
Name of operation 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? no
If so, specify
(Signed) Paul R. Whitener, M. D.
(Address) 8923 Midland