

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.

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. Dr. Paul Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

12503

File No. \_\_\_\_\_  
Registered No. **2531**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James D. Martin

(a) Residence, No. 5878 Delmonwite St., 5 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1868  
7. AGE YEARS 67 MONTHS 9 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Work  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME James Martin

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

MOTHER 15. MAIDEN NAME Mary Dee

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

17. INFORMANT Mrs. Agnes Tudebush (ADDRESS) 5878 Delmonwite

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE March 9, 1936

19. UNDERTAKER Alexander & Sons (ADDRESS) 617 S. Olive St. St. Louis

20. FILED MAR 6 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1929, to March 5, 1936

I last saw him alive on March 5, 1936. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Carcinoma of Prostate 1935  
51

Other contributory causes of importance:  
Chronic Nephritis (Cubular)

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Exam. 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? No.  
If so, specify \_\_\_\_\_

(Signed) Guerritt J. Javard, M. D.  
(Address) 607 No. Grand Ave.

Prof. C. J. ...

University Club. July 9 5-88.