Salyer JUN 23 1936

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

Do not use this space.

20031

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3079 — Registered No. 164

City ~~Missouri~~ Hannibal (No. Levering Hospital St. 6th Ward)

2. FULL NAME John D. Martin

(a) Residence, No. 1703 N. Main St., 1st Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Nellie Robb Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 13, 1874

7. AGE: YEARS 62 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self Employed
10. Date deceased last worked at this occupation (month and year): May 13, 1936
11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co., Mo.

FATHER

13. NAME: Thomas A. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Maggie L. Givans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Nellie Martin, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE May 28, 1936

19. UNDERTAKER (ADDRESS): Roy P. Schwartz, Hannibal, Mo.

20. FILED May 27, 1936 H. G. Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to May 26, 1936
I last saw him alive on May 26, 1936. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

Exhaustion — Date of onset

1946

Other contributory causes of importance:

Fracture and dislocation of 12th Dorsal Vertebra

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? Accident Date of injury 5-13, 1936
Where did injury occur? at His Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Home
Manner of injury Tree fell on him
Nature of injury Fracture 12th dorsal Vertebra

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) S. E. Salyer, M. D.
(Address) Hannibal 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 EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.