

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.

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

Do not use this space.

27188

1. PLACE OF DEATH

County Lawrence Registration District No. 467
 Township Aurora Primary Registration District No. 4280
 City Aurora (No. 11 East Tyndall St. _____ Ward _____)

File No. _____
 Registered No. 48

2. FULL NAME Thomas McNeece Martin

(a) Residence, No. 11 East Tyndall St., _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 Eliza Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	69	4	18	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) Benton County
 (STATE OR COUNTRY) Missouri

13. NAME Wm Martin

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

15. MAIDEN NAME Dullsen Conley

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

17. INFORMANT Mrs Eliza Martin
 (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Aurora Mo. DATE July 9 1936

19. UNDERTAKER King Funeral Home
 (ADDRESS) Aurora Mo.

20. FILED 7/6 1936 R. D. Cowan, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from after death to _____, 19____
 I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Gun shot wound in right temple Date of onset _____

Other contributory causes of importance: 167

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? suicide Date of injury 7/6 1936

Where did injury occur? Aurora Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) James King Carous
 (Address) Aurora Mo

