OCT 2 1936

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

Do not use this space.

35763

File No. .....

Registered No. 9384

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Alcott Chauncey Martin

(a) Residence, No. 4342 W. Bell St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Married

5A. IF MARRIED, ~~WIDOWED, DIVORCED~~ HUSBAND OF (~~OR WIFE OF~~) Leona Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11th, 1910

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bander Drug Co.

10. Date deceased last worked at this occupation (month and year) Sept. 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Sidney E. Martin

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

MOTHER

15. MAIDEN NAME Anna McCree

16. BIRTHPLACE (CITY OR TOWN) Seneca
(STATE OR COUNTRY) Missouri

17. INFORMANT Leona Martin
(ADDRESS) 4342 West Belle Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Sept. 14, 1936

19. UNDERTAKER Charles O. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED SEP 11 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1936, to Sept 9, 1936

I last saw him alive on Sept 9, 1936. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Typhoid Fever	
Terminal Bronchopneumonia	

Other contributory causes of importance:

Name of operation Laparotomy; Appendectomy 9-5-36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) E. M. Bricker, M. D.

(Address) BARNES HOSPITAL

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.

100M-1-20-36 I X7044