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.

DEC 4 1936

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

Do not use this space.

38843

1. PLACE OF DEATH
County St Francois
Township St Francois
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. .....
Registered No. 175

2. FULL NAME Arthur E. Martin

(a) Residence, No. ..... 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1936

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 0 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Farmington, Mo.

FATHER

13. NAME Guy Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co, Mo

MOTHER

15. MAIDEN NAME Birdie Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Francois Co. Mo.

17. INFORMANT (ADDRESS) Guy Martin Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Cemetery DATE 10/3 1936

19. UNDERTAKER (ADDRESS) Weidert Und Co Farmington Mo

20. FILED Oct 3 1936 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to ....., 19....
I last saw him alive on Oct 1, 1936. Death is said to have occurred on the date stated above, at 3 55 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Institution | |

Other contributory causes of importance: Stia colotis

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? .....
If so, specify .....
(Signed) Clyde C Winter, M. D.
(Address) Farmington Mo.