

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.

MAR 5 - 1937

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

Do not use this space.

8763

1. PLACE OF DEATH

County..... 000  
Township..... 30  
City..... 9

Registration District No..... 791  
Primary Registration District No..... 1003  
(No. City Hospital)

File No.....  
Registered No..... 2238  
St..... Ward.....

2. FULL NAME

Raymond Martin

(a) Residence, No. 313C Pine St., 21 Ward.

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 col.  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36 yrs - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown  
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) Mo. 1905

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, D.C. DATE 2-12-1937

19. UNDERTAKER (ADDRESS) J. H. Breckinridge

20. FEB 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 4-5-19. Death is said to have occurred on the date stated above, at 12 P.M.

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

Operated gunshot fracture left femur

Other contributory causes of importance:  
Bullets fired by gun in home of Frank Drew late Beaumont + market St

Name of operation Date of operation  
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide. Homicide Date of injury 1/29 1937

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Joseph W. Deane M.D. (Address) 1000 Olive St

