

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Clinton (No. 10906 Van Horn) St. _____ Ward _____

File No. 12148
Registered No. 117

2. FULL NAME Baby Martin

(a) Residence, No. 10906 Van Horn Rd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1937, to 3-26, 1937

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

I last saw him alive on 3-26, 1937. Death is said to have occurred on the date stated above, at 1:05 AM.

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

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

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

STILL BORN:
PREMATURITY 5 1/2 mos

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) 10906 Van Horn (STATE OR COUNTRY) Indep. Mo.

Name of operation _____ Date of _____

13. NAME Montgomery Martin

What test confirmed diagnosis? _____ Was there an autopsy? ✓

14. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) MO.

15. MAIDEN NAME Veritha Eickson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

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

17. INFORMANT M. Montgomery Martin (ADDRESS) 10906 Van Horn Rd

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Private lot at home 3-29-37

Manner of injury _____

19. UNDERTAKER Montgomery Martin (ADDRESS) 10906 Van Horn Rd

Nature of injury _____

20. FILED 3-31-37 J. L. Cook Registrar.

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

(Signed) J. L. Cook, M. D.
(Address) 16367 INDEP AVE.

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.

WHITE LABEL WITH OUTRADING INK—THIS IS A PERMANENT RECORD

1-23314

