MAY 19 1937

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

Do not use this space.

16063

File No. 50

Registered No.

1. PLACE OF DEATH

24 County Clay — Registration District No. 198

2 Township Fishing River — Primary Registration District No. 3011

4 City Excelsior Springs, Mo. No. Vet. Adm. Fac. St. Ward)

2. FULL NAME MARTIN, Robert Byron

(a) Residence, No. Vet. Adm. Fac. Excelsior Springs, Mo. Ward. Albany, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 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)~~ Orpha Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
4	47	9	23	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, Missouri

FATHER

13. NAME Dan Martin

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

MOTHER

15. MAIDEN NAME Margaret Atkins

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Albany, Mo. DATE 4-14-37, 19

19. UNDERTAKER R. L. Yaple
(ADDRESS) Albany, Missouri

20. FILED April 14, 1937 Lorene McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-22-37, 19, to 4-13-37, 19

I last saw him alive on 4-13-37, 19 Death is said to have occurred on the date stated above, 2:30 p.m.

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

	Date of onset
Epidemic Cerebro-spinal (Meningo-coccus) Menengitis	

Other contributory causes of importance:

18

Name of operation — Date of —

What test confirmed diagnosis? Exam. Obs. Was there an autopsy? No

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) H. C. HARDEGREE, M. D.

(Address) Vet. Adm. Fac.
Excelsior Springs, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.