MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cooper
Township Pilot Grove
City Boonville, Mo (No. ..... St. ..... Ward)

Registration District No. 222 5303
Primary Registration District No. 4135

File No. 7 16149
Registered No. .....

2. FULL NAME John Robert Martin
(a) Residence, No. Boonville Mo - R.R.D. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Opal Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-15-1880
7. AGE YEARS 57 MONTHS — DAYS 27. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) April 12-1937
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Joseph Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

MOTHER
15. MAIDEN NAME Mary Carm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs John Martin Boonville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lamine Cem. DATE Apr-14 1937
19. UNDERTAKER (ADDRESS) Hayo & Stoecklein Pilot Grove, Mo.
20. FILED April 13. 1937 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from not attended, 19—, to —, 19—
I last saw h— alive on not seen alive, 19— Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	About April 12 1937
(Very sudden)	
Other contributory causes of importance:	
Coronary Artery Sclerosis	onset - not known

94B

Name of operation — Date of —
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) J. C. Tincher, M. D.
(Address) Boonville Mo. Coroner of Cooper County