

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
1 County Shelby Registration District No. 677
2 Township Rolla Primary Registration District No. 4403
4 City Rolla (No. Rolla Hospital)
2. FULL NAME Martin S. Martin
(a) Residence, No. Rolla Route 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.

File No. 17256
Registered No. 60
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leanna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1852
7. AGE YEARS 84 MONTHS 7 DAYS 22 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retd.
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) France
13. NAME Lucas Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
17. INFORMANT Mrs Ernest Martin (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Star View DATE April 19 37
19. UNDERTAKER W. J. Lee (ADDRESS) Rolla Mo
20. FILED April 19, 1937 Joe J. Ayers Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1937
22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1937 to Apr. 17, 1937
I last saw him alive on Apr. 17, 1937. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:
Mitral regurgitation
Other contributory causes of importance:
Carcinoma of the foot
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) W. J. Lee, M. D.
(Address) Rolla Mo.

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.

52

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps Registration District No. 677
 Township Primary Registration District No. 4403
 City Rollo (No.) St. Ward)

File No. 1725-6
 Registered No. 60

2. FULL NAME Martin L. Martin

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

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

....., to, 19

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 22

I last saw h. alive on, 19

Death is said to have occurred on the, stated above, at, m.

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.

mitigated resurgitation Date of onset

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

In the region of the maxillary bone, rt. side

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

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Carcinoma of the face

In the region of the maxillary bone, rt. side

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED July 8, 1937 Joe. F. Ayers Registrar

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) A. Sidney McFarland, M. D.

(Address) Rollo, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

... of property classed. Exact statement of OCCUP...

BY LAW.

6-17256