

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

Do not use this space.

19241

1. PLACE OF DEATH *399*
 County *Wayne* Registration District No. *1002*
 Township *Frank* Primary Registration District No. *1002*
 City *Kansas City* (No. *General Hospital*) St. _____ Ward _____

2. FULL NAME *William Martin*
 (a) Residence, No. *1600 E 9* St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *30* 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** *White* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 10 - 1861*
7. AGE
 YEARS *76* MONTHS *1* DAYS *21* IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*
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) *Tennessee*

13. NAME *Martin*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Mrs. O.H. Rebeschied*
1132 N. 36th, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Cremation June 1, 1937*

19. UNDERTAKER (ADDRESS) *Herb Newcoffer's Sons*
Bush Creek & Pass.

20. FILED *May 31, 1937* *M. M. Crowe*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-31-37*, 19____

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *2:30* p.m.

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

Dislocation of Rt Hip
Bronchopneumonia
Acute febrile prostration

Other contributory causes of importance:

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 *Accident* Date of injury *4-6-37*

Where did injury occur? *1830 Locust, Kansas City* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Fall from ladder*

Nature of injury *Dislocation of Hip*

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

If so, specify _____
 (Signed) *Jessell W. Searles*, M. D.
 (Address) _____

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.

39
 31
 31

