

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

Do not use this space.

**JUN 17 1937**

**1. PLACE OF DEATH**

County Baltimora  
Township Jackson  
City Auxvase Mo.

Registration District No. 102  
Primary Registration District No. 4062

File No. 10611  
Registered No. 406  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Samuel Martin  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28 1857

7. AGE YEARS 79 MONTHS 4 DAYS 25 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) Auxvase Mo.

13. NAME John Thomas Martin

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

15. MAIDEN NAME Elizabeth Newland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roone Co. Mo.

17. INFORMANT Mrs E. L. Woodson (ADDRESS) Auxvase Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Martin Cemetery DATE May 20 37

19. UNDERTAKER Hughes Marbury (ADDRESS) Auxvase Mo.

20. FILED May 24 37 A. B. Nichol Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 37

22. I HEREBY CERTIFY That I attended deceased from May 13 37 to May 23 37  
I last saw him alive on May 23 37. Death is said to have occurred on the date stated above, at 9:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic cystitis and hematuria. Possibly carcinoma

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? \_\_\_\_\_ 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) E. B. Nichols M. D.  
(Address) Auxvase 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.

(ADDRESS)  
SIR MURDERLAKK.

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(ADDRESS)

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Callaway Registration District No. 107 File No. 19611  
Township \_\_\_\_\_ Primary Registration District No. 4062 Registered No. \_\_\_\_\_  
City auvresse (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

**2. FULL NAME**

George Samuel Martin

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 23, 1937

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**  
**7. AGE** YEARS 79 MONTHS 4 DAYS 25  
If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

**22. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

**OCCUPATION**  
**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)**

The principal cause of death and related causes of importance were as follows:  
Chronic cystitis and vesiculitis possible secondary of the Bladder (primary)  
Date of onset: \_\_\_\_\_  
Other contributory causes of importance: 51

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**FATHER**  
**13. NAME**  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**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)

**MOTHER**  
**15. MAIDEN NAME**  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

**17. INFORMANT (ADDRESS)**

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

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

(Signed) C. B. Nichols, M. D.  
(Address) auvresse mo

**19. UNDERTAKER (ADDRESS)**

**20. FILE** May 24, 1937 C. B. Nichols Registrar.

SUPPLEMENTARY

5-1961