JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 20278
Township Blue — Primary Registration District No. 3019 — Registered No. 192
City Independence (No. ..., ... St. ..... Ward)

2. FULL NAME John William Martin
(a) Residence, No. 502 N. Liberty St., 1st Ward. (If nonresident, give city or town and State)
(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

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 Hattie M. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1860

7. AGE: YEARS 77 — MONTHS 1 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware + Sheet Metal
10. Date deceased last worked at this occupation (month and year) Jan. 1918
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette County Ohio

FATHER
13. NAME John Van Buren Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harpers Ferry Va. June 21 1837

MOTHER
15. MAIDEN NAME Caroline Staaley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette County Ohio Jan. 8 1842

17. INFORMANT (ADDRESS) Madge Martin Rogers 1227 West Elm St. Indep. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE May 27, 1937

19. UNDERTAKER (ADDRESS) Otto Mitchell 302 N. Main St.

20. FILED May 22, 1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937, to May 25, 1937
I last saw him alive on May 24, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 18
Other contributory causes of importance: cold	May 15

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical 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) J C Hickerson, M. D.
(Address) Independence 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.