

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.

43 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Oregon Registration District No. 636
Township Stoney Primary Registration District No. 5844
City Alsea (No. _____) St. _____ Ward _____

File No. 24465
Registered No. 20

2. FULL NAME

James 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 4 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1886
7. AGE YEARS 51 MONTHS _____ DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Grand Co. ORIG. (STATE OR COUNTRY)

13. NAME James Martin

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Marett Wallace

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Mrs Sam Johnson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yants Cemetery DATE June 8th 1937

19. UNDERTAKER Lee Taylor (ADDRESS)

20. FILED 6/15 1937 Ernoch Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 21st 1937, to May 2nd 1937
I last saw him alive on June 1st 1937. Death is said to have occurred on the date stated above, at 10:30 p. m.
The principal cause of death and related causes of importance were as follows:

sterility
Other contributory causes of importance: call
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 1937

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Geo. B. Forest, M. D.
(Address) Alsea, Ore

