SEP 27 1937

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

Do not use this space.

File No. 31988

Registered No.

1. PLACE OF DEATH
County: Shelby
Township: North River
City: Emden (No. , St. Ward)

Registration District No. 831
Primary Registration District No. 6093

2. FULL NAME Gilfred Lyle 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

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: Georgia Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8, 1884

7. AGE: Years 53 | Months 1 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rural Mail Carrier
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: 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Mo.

FATHER
13. NAME: Samuel L. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Rebecca Dunsett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co Mo

17. INFORMANT (ADDRESS): Mrs. G. L. Martin, Emden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Emden Cemetery DATE: Sept 10, 1937

19. UNDERTAKER (ADDRESS): E. C. Thompson, Shelbyville Mo.

20. FILED: Sept 10 1937 Pearl Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 8th, 1937

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 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicidal Death	
By Hanging by the neck	
by Rope	

Other contributory causes of importance: Jury verdict

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. W. Muspraw (Coroner), M.D.
(Address) Bethel, 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.