

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.

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

Do not use this space.

COT 14 1937

32585

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 8639

St.

Ward.....

2. FULL NAME

JOHN PETER MARTIN

(a) Residence, No.

(Usual place of abode)

St. NR

Ward.

MONETT, MO.

(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

MARIE O'BRIEN

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

AUG. 22-1885

7. AGE

YEARS

52

MONTHS

—

DAYS

22

If LESS than 1
day, ... hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

POSTMASTER

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)

MO.

13. NAME

PATRICK MARTIN

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

IRELAND

15. MAIDEN NAME

ANNA MEAGHER

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

IOWA

17. INFORMANT
(ADDRESS)

Mrs. Marie O'Brien
Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

MONETT, MO.

DATE

SEPT

1937

19. UNDERTAKER
(ADDRESS)

L. MULLEN UND. CO.
5165 DELMAR BLVD

20. FILE

SEP 15 1937

J. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9/14/37

. 19

22. I HEREBY CERTIFY, That I attended deceased from

9/5/37

, 19

9/14/37

, 19

I last saw him alive on 9/14/37, 19

Death is said to have occurred on the date stated above, at 4 P. M.

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

Date of onset

Splenic anaemia
not pernicious

(3)

Other contributory causes of importance:

Anaemia. Secondary
leucemia

Name of operation

Date of

What test confirmed diagnosis? Blood etc. 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

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)

M. D.

(Address)

CD. J. ...
Bennett & ...

W. J. ...

