NOV 18 1937

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

Do not use this space.

2

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36852
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City, Mo. (No. 6006 E 9th St., St. Ward)

2. FULL NAME Thomas F. Martin
(a) Residence, No. 6006 E 9th 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: Stella Alexander Scrivner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/30/1886

7. AGE: YEARS 50 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Miller Co., Mo.

FATHER
13. NAME: Thomas S. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co., Mo.

MOTHER
15. MAIDEN NAME: Stella Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mrs. Fred T. Martin, 6606 E 9th St., K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL: Lamm Cemetery
PLACE Eldon, Mo. DATE 10/26/37 19

19. UNDERTAKER (ADDRESS): Phillips Funeral Home, Eldon, Mo.

20. FILED 10-25, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937, 19, to Oct. 24, 1937
I last saw him alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

8201

Other contributory causes of importance: Respiratory Paralysis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? none

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) Paul A. G. Johnson, M. D.
(Address) 920 Newton Ave.

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.