

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.

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Kirksville
City Kirksville

Registration District No. 4
Primary Registration District No. 300
Green Smith Hosp

File No. 36978
Registered No. 206
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. 7
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18 - 1935</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>4</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	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) <u>Scotland Co.</u>		
FATHER	13. NAME <u>Virgil Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co</u>	
MOTHER	15. MAIDEN NAME <u>Marjorie Weldon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co</u>	
17. INFORMANT <u>Mrs. Virgil Martin</u> (ADDRESS) <u>Lawrence, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawrence, Mo</u> DATE <u>Nov. 7 1937</u>		
19. UNDERTAKER <u>Floyd Moore</u> (ADDRESS) <u>Lawrence, Mo</u>		
20. FILED <u>Nov. 5 1937</u> <u>Spencer L. Freeman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1937 to Nov 5 1937

I last saw h. AAAA alive on Nov 5 1937 Death is said to have occurred on the date stated above, at 7:35 P.M.

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

Date of onset 1 day

Other contributory causes of importance:
Swallowed 30 Pinkles Pills

Name of operation none 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? Accident Date of injury 11/5 1937
Where did injury occur? Swallowed pills
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury Swallowed 30 Pills
Nature of injury Poison

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. D. Smith M. D.
(Address) Kirksville Mo.

