

NOV 16 1937

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

Do not use this space.

37358

1207
5176

1. PLACE OF DEATH County

County Cape Girardeau

Registration District No. 1207

Township Cape Girardeau

Primary Registration District No. 5176

City Cape Girardeau

(No. _____)

County Farm

File No. _____

Registered No. 342

St. _____

Ward _____

2. FULL NAME Henry J. Martens

(a) Residence, No. 600 S. Pacific

(Usual place of abode)

St. _____

Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>White</u>	4. COLOR OR RACE <u>Male</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>5-25-1886</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>5</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb 10 1937 to Oct 27 1937

I last saw him alive on Oct 24 1937 Death is said to have occurred on the date stated above, at _____

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

Other contributory causes of importance:
artery sclerosis

Date of onset 1936

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck 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) (STATE OR COUNTRY) Cape Girardeau Mo.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

MOTHER FATHER

13. NAME H. J. Martens

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

15. MAIDEN NAME Dorothea Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

17. INFORMANT William Martens (ADDRESS) Cape Girardeau Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 _____

18. BURIAL CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE Oct. 28 1937

19. UNDERTAKER Hamans Funeral Home (ADDRESS) Cape Girardeau Mo.

20. FILED 10-27-37 J. M. Simpson (Address) _____ Registrar.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) J. P. Johnson, M. D.

(Address) Joplin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8-15

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Dr. Schoen