

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County COOPER  
Township  
City BOONVILLE (No. \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 3015

File No. 45167  
Registered No. 115  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME WARREN C. MARTIN

(a) Residence, No. County Home St. \_\_\_\_\_ Ward. Prairie Home Mo.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NEELY HARRIS MARTIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 4-1874

7. AGE YEARS 63 MONTHS 2 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) 1927 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY Mo.

13. NAME THOMAS MARTIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER Co. Mo.

15. MAIDEN NAME MARY EDWARDS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTEAU Co. Mo.

17. INFORMANT (ADDRESS) MRS. MARGARET KIRKPATRICK PRAIRIE HOME Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE PISGAH CEM. DATE DEC 10 1937

19. UNDERTAKER (ADDRESS) STEGNER-KOENIG BOONVILLE Mo.

20. FILED Dec 10 1937 Boonville Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Dec 9, 1937. I last saw him alive on Dec 6, 1937. Death is said to have occurred on the date stated above, at 4:15 A.M.

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

Chronic Myocarditis  
General arteriosclerosis  
Date of onset about 1936

Other contributory causes of importance: AS

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_

(Signed) J. C. Tincher, M. D.  
(Address) Boonville 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.

