

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

*Wm. Semell*  
Do not use this space.

2753  
12

**1. PLACE OF DEATH**

County Greene Registration District No. 316 File No. 2753  
 Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 12  
 City Springfield, Mo. St. Johns Hospital (If nonresident, give city or town and State) \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward James Martin 635  
 (a) Residence, No. RT 9 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 Emma Louise Martin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 8 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splinter sawyer, bookkeeper, etc. Garage Owner  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 - 1938  
 22. I HEREBY CERTIFY That I attended deceased from Dec 30, 1937 to Jan 4, 1938  
 I last saw him alive on Jan 4, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Uraemia following Removal Gall Bladder gall stones present  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance 124 Impairment of Gall Bladder  
 Name of operation Gall Bladder removed 1-3-38  
 What test confirmed diagnosis? X-ray Was there an autopsy? \_\_\_\_\_  
 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) Walter Semell M. D.  
 (Address) Springfield, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pennsylvania  
 13. NAME Edward Martin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 15. MAIDEN NAME WK  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WK  
 17. INFORMANT Wm. Emma Martin  
 (ADDRESS) Springfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Jan 7, 1938  
 19. UNDERTAKER Wm. Semell  
 (ADDRESS) Springfield, Mo.  
 20. FILED Jan 6, 1938 Chas. C. Long  
 Registrar

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.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH