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.

REC'D MAR 23 1938

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

Do not use this space.

7770

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. , St. Ward)
Registration District No. 668
Primary Registration District No. 3032
File No. ~~49~~ 47
Registered No. 668

2. FULL NAME Robert F. Martin 635
(a) Residence, No. 314 N Washington 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 Cal
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Nolan Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1875
7. AGE 61 YEARS 2 MONTHS 11 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prison Guard
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) Versailles Morgan Co Mo

FATHER
13. NAME Joe Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

MOTHER
15. MAIDEN NAME Ann Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

17. INFORMANT (ADDRESS) Eva Nolan Martin 314 N Washington
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE Feb 2 1938
19. UNDERTAKER (ADDRESS) F. D. Ferguson 117 E Jefferson Sedalia Mo
20. FILED Feb 1 1938 Jean Shrek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21- 1938
22. I HEREBY CERTIFY, That I attended deceased from 1-23- 1938, to 1-29- 1938
I last saw him alive on 1-29- 1938. Death is said to have occurred on the date stated above, at 4 30/4 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pul. Tuberculosis
23'

Other contributory causes of importance:

Bilateral Lobar Pneumonia

Name of operation 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? 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) A. R. Maddox, M. D.
(Address) 116 ½ W Main