

REC'D MAY 11 1938

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

Do not use this space.

14993

1. PLACE OF DEATH

County Jefferson
 Township Waller
 City Desoto (No. _____) (State _____) (Ward _____)

Registration District No. 420
 Primary Registration District No. 3022

File No. _____
 Registered No. 27

2. FULL NAME

Harris Martin 633
 (a) Residence, No. 417 Boyd St. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Dean</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 - 1892</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>10</u>
	DAYS <u>18</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>laborer</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 <u>0</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Desoto Mo</u>		
FATHER	13. NAME <u>Harris Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Tralber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs Anna Martin 417 Boyd Desoto Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>April 22, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Motherhead Desoto Mo</u>		
20. FILED <u>5-7</u> 1938 <u>James Danell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1938, to April 20, 1938
 I last saw him alive on April 19, 1938. Death is said to have occurred on the date stated above, at 6:50 m.
 The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease
atherosclerosis
Cerebral hemorrhage
 Date of onset unknown
unknown
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 Other contributory causes of importance:
Cerebral hemorrhage
Feb. 26, 1938
April 18, 1938

Name of operation none 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? no Date of injury _____, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Paul V. McManis M. D.
 (Address) Edgemoor, Desoto, 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.

