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.

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

Do not use this space.

BEC'D JUN 14 1938 494

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17715

File No.

Registered No. 490

1. PLACE OF DEATH

County Buchanan — Registration District No. 1

Township Washington — Primary Registration District No. 1001

City St. Joseph, Mo (No. State Hospital #2 St. Ward)

2. FULL NAME James Dudley Martin 635

(a) Residence, No. State Hospital #2 St. Ward. St Jos Mo. 1302 No 25
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 20 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 Mrs Grace Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	11	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tootle-Campbell D. G. Co.

10. Date deceased last worked at this occupation (month and year) Mar. 1923

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb, Mo.

FATHER

13. NAME Dr. John Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky U.S.A.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) State Hosp. #2 Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moria Cem. DATE May 5, 1938

19. UNDERTAKER (ADDRESS) Fleeman & Sons Inc 1946 Calhoun, St. Joseph, Mo

20. FILED 5/4 1938 H. J. Nestlebush Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to May 3, 1938

I last saw him alive on May 3, 1938 Death is said to have occurred on the date stated above at 10:55 A.m.

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

	Date of onset
Cerebral hemorrhage	May 2 1938
Other contributory causes of importance:	
Hypertension	Unknown
Arteriosclerosis	"

Name of operation None Date of

What test confirmed diagnosis? Phy. Ex. 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? — (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) Donald H. Breit, M. D.

(Address) State Hosp. #2