

REC'D JUL 20 1938

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

22127

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin, Missouri (d) Street No. 602 N. Byers St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter L. Martin

(a) Residence, No. 602 N. Byers St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Married

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

Alma Martin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

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

FATHER 13. NAME James E. Martin

14. BIRTHPLACE (CITY OR TOWN) Rauls County, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katherine Bedford

16. BIRTHPLACE (CITY OR TOWN) Hannibal, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Alma Martin
 (ADDRESS) 602 N. Byers

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope DATE June 15, 1938

19. FUNERAL DIRECTOR (NAME) Frank Sievers
 (ADDRESS) Joplin, Mo.

20. FILED 6-15-38 Ed J. Jones
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to June 13, 1938

I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 9:35 P.M.

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

Coronary Occlusion

Date of onset
3-25-38

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? EKG. 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) _____, M. D.

(Address) Joplin, Mo.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

David Dillon

or by

Registered Apprentice No., working under my personal supervision.

Signed

David Dillon

Licensed Embalmer No. 3898

P. O. Address

Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.