

NOV 21 1938

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

Do not use this space.

35005

1. PLACE OF DEATH

County Audrain

Township Salt River

City Mexico, Mo.

Registration District No. 26

Primary Registration District No. 5034

File No. ....

Registered No. 180

2. FULL NAME

John Wesley Martin  
Trolley Heights

(a) Residence, No. ....

(Usual place of abode)

St. .... Ward. ....

(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)  
**Single**

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

**Infant**

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

**May 28th, 1938**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**4**

**6**

OCCUPATION

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

**Infant**

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)

**Mexico, Mo.**

FATHER

13. NAME **John H. Martin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Fulton, Missouri**

MOTHER

15. MAIDEN NAME **Martha Munday**

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

**Mexico, Missouri**

17. INFORMANT (ADDRESS)

**John H. Martin**  
**Mexico, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE

**Elmwood Mexico, Mo Oct. 6, 1938**

19. UNDERTAKER (ADDRESS)

**Chas. Arnold Jr.**  
**Mexico, Missouri**

20. FILED Oct 5 1938

**Blanche Neely**  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 5** 1938

22. I HEREBY CERTIFY, That I attended deceased from **Oct 2** 1938, to **Oct 5** 1938

I last saw him alive on **Oct 4** 1938. Death is said to have occurred on the date stated above, at **2:30** p.m.

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

**Enterocolitis**

Date of onset

Other contributory causes of importance:

**dehydration**

Name of operation **K** Date of

What test confirmed diagnosis? ..... 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) **R.D. Williams**, M. D.

(Address) **Mexico Mo**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2-36  
2-20314

RECEIVED

District Health Officer No. 10

District File Number 10-38-441

Date Filed 11-10-38