

NOV 17 1938

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

35355  
Do not use this space.

1. PLACE OF DEATH  
(a) County Carroll Registration District No. 138  
(b) Township Cherry Valley Primary Registration District No. 6197  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 George Henry Martin Jr.  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

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 Child  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12, 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 6 8  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X  
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 \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.  
13. NAME George Henry Martin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.  
15. MAIDEN NAME Archie Ware  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.  
17. INFORMANT (ADDRESS) Geo. H. Martin  
Norborne Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Pilead Cem. DATE Sept 22, 1938  
19. FUNERAL DIRECTOR (ADDRESS) W. T. Stroud  
Norborne Mo.  
20. FILED Sept 21, 1938 B. C. Cole  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1938 to 9-20, 1938  
I last saw him alive on 9-17, 1938 Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:  
660-116 Dysentery, bacillary Date of onset 9-7-38  
12 P.  
Other contributory causes of importance: Colitis, ulcerative acute, bacillary 9-7-38  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Stines 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) Eugene B. Baker M. D.  
(Address) Norborne Mo. 1938

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.

Baker

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/3/38

STATEMENT BY LICENSED EMBALMER

I, J. P. Strawn, Licensed Embalmer No. 2406

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. P. Strawn

Licensed Embalmer No. \_\_\_\_\_

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