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.

DEC'D NOV 3 1938

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

35629
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297

(b) Township / Primary Registration District No. 3016 Registered No. 89

(c) City Washington. (d) Street No. 635 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 13 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Jackson Martin.

(a) Residence, No. 109 W. Fifth St., Washington, Mo. St.
(Usual place of abode, if no street address, write county or city) (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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXX~~ Leona Mae Martin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21st, 1878.

7. AGE: Years 60 | Months 3 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe-worker.

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

10. Date deceased last worked at this occupation (month and year) Oct. 1938.

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (CITY OR TOWN) Tavern. (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Leander Martin.

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

MOTHER

15. MAIDEN NAME Jane Elkins

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

17. INFORMANT Mr. Clay A. Martin. (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna, Mo. DATE Oct. 26th, 38.

19. FUNERAL DIRECTOR Nieburg & Vitt, Inc. (ADDRESS) Washington, Mo.

20. FILED Oct. 25 1938 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1938, to Oct. 24, 1938
I last saw him ~~xxx~~ Dead, Oct. 24, 1938. Death is said to have occurred on the date stated above, at 11.00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy, (Cerebral Haemorrhage	Oct. 24, 38.

Other contributory causes of importance:

Arterio-sclerosis	6-1-37

Name of operation ..... 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? ..... 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) Bert Emmanuel, M. D.
(Address) Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Lester H. Vitt, Licensed Embalmer No. 3254

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 Lester H. Vitt

Licensed Embalmer No. 3254

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