Dr. Albert Martin

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

36311
Do not use this space.

NOV 1 3 1938

1. PLACE OF DEATH
(a) County Mississippi — Registration District No. 567
(b) Township St James — Primary Registration District No. 5763 — Registered No. 54
(c) City ..... (d) Street No. ..... 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. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARSHALL WARD.
(a) Residence, No. ST. LOUIS, 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: M
4. COLOR OR RACE: COLORED.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): DIVORCED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: UNKNOWN.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 5 - 1884
7. AGE: YEARS 54. MONTHS 2 DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: DAY LABORER
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): MISSOURI.

FATHER
13. NAME: PHILLIP WARD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSISSIPPI

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): JOE CARTER. East Prairie.
18. BURIAL, CREMATION, OR REMOVAL PLACE: PIN HOOK DATE: 10-25-1938
19. FUNERAL DIRECTOR (ADDRESS): Travis N. Shelby East Prairie
20. FILED 10-25-1938 Mrs D M Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 24 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1938, to Oct 23, 1938
I last saw him alive on Oct 22, 1938. Death is said to have occurred on the date stated above, at 11 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance: 107

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) A. J. Martin, M. D.
(Address) East Prairie Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Travis N. Shelby, Licensed Embalmer No. 2576

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 Travis N. Shelby

Licensed Embalmer No. 2576

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.)