

1938 JAN 13 1938

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

Do not use this space.

42516

## 1. PLACE OF DEATH

13 County CaldwellRegistration District No. 96Township 4Primary Registration District No. 4028City Hamilton (No. 0)

File No. \_\_\_\_\_

Registered No. 40

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME John Wesley Martin

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode)

(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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFJennie Martin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.7616

OCCUPATION

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

Contractor

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)

Deatur Ill

MOTHER FATHER

13. NAME

Emory Martin

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

Deatur Ill

MOTHER

15. MAIDEN NAME

Hannah Kayler

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

Deatur Ill

17. INFORMANT (ADDRESS)

Emory Martin  
Kavanaugh City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Neighbors

DATE

Dec 31 1938

19. UNDERTAKER (ADDRESS)

G. R. Neughton  
Hamilton

20. FILED

Dec 30 1938Mark Brown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 193822. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938, to Dec 28 1938I last saw him alive on Dec 27 1938. Death is said to have occurred on the date stated above, at 5 A. m.

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

Date of onset

Haemorrhage of brain9251

Other contributory causes of importance:

High blood pressure  
and Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Obg Day 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) Dr. J. Cade, M. D.(Address) Hamilton Mo.

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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.

WRITE PEAINLY WITH 0-0-ADING THREE THIS S-A TELEPHENT TELECO

