

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.

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

Do not use this space.

1939 FEB 24 1939

2833

1. PLACE OF DEATH

County Lafayette

Registration District No. 464

File No. 2833

Township

Primary Registration District No. 4277

Registered No. 5-

City Odessa

(No.) St. Ward

2. FULL NAME Warren William Martin

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1939

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

22. I HEREBY CERTIFY that attended deceased from at time of birth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1930

I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at .m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Stillborn
Death in the possibly 2 or 3 days before delivery
Other contributory causes of importance
No placenta

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Odessa, Mo. (STATE OR COUNTRY)

Date of onset

13. NAME Warren Martin Jr.

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) Odessa, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Virginia Thomas Greenwood

16. BIRTHPLACE (CITY OR TOWN) Greenwood, Mo. (STATE OR COUNTRY)

17. INFORMANT Warren Martin Jr. (ADDRESS) Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa, Mo. DATE Jan. 8, 1939

19. UNDERTAKER L. C. Husman (ADDRESS) Odessa, Mo.

20. FILED 1-7-39 Mrs. E. M. Erdman Registrar

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) R. Schooley M. D. (Address) Odessa Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/6/39