

RECORDED FEB 7

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

Do not use this space,

2905

1. PLACE OF DEATH
 57 County Lincoln Registration District No. 486
 1 Township Eschery Primary Registration District No. 4293
 0 City Eschery (No. 1335)
 2. FULL NAME John William 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 OF Estes Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 3 4

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

FATHER
 13. NAME Joseph H Martin

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

MOTHER
 15. MAIDEN NAME Mary E Shalley

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

17. INFORMANT Mrs J W Martin (ADDRESS) Eschery Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Jan 22 1939

19. UNDERTAKER W. G. Bradley (ADDRESS) Eschery Mo

20. FILED 2-10-39 1939 W. S. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1937, to 1-19, 1939
 I last saw him alive on 1-14, 1939 Death is said to have occurred on the date stated above, at 2:30 A. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset _____

Other contributory causes of importance: HTA

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. G. Bradley, M. D.

(Address) Eschery Mo

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.

