REC'D FEB 11 1939

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

Do not use this space.

3728

1. PLACE OF DEATH
County St Francois Registration District No. 774 File No.
Township St Francois Primary Registration District No. 4465 Registered No. 840
City Esther (No. 601 St. Ward)

2. FULL NAME James 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1861

7. AGE YEARS 77 MONTHS 6 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm
10. Date deceased last worked at this occupation (month and year) 6-8-39
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Ella Martin Esther, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francois DATE Jan. 10, 1939

19. UNDERTAKER (ADDRESS) C. Z. Boyer Desloge Mo.

20. FILED 2-3 1939 C B Fenner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1939

22. I HEREBY CERTIFY, That I attended deceased from Died, 19 to mortantly, 19
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Causes	
Heart trouble	
(Myocarditis)	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Jos Diener Connor, M.D.
(Address) Flat River Mo

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.