REC'D APR 17 1939

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

Do not use this space.

9555

File No. 1161

Registered No.

1. PLACE OF DEATH

County: JACKSON — Registration District No. 399

Township: KAW — Primary Registration District No. 1002

City: KANSAS CITY, MO. (No. Fairmount Hospital St. Ward) 635

2. FULL NAME: ROBERT MARTIN

(a) Residence, No. 1414 East 27 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. 7 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7 1939

7. AGE: Years 10 Months 20 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Kansas City Mo

FATHER

13. NAME: EDWIN PHELPS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KANSAS CITY MO

MOTHER

15. MAIDEN NAME: LUCILLE MARTIN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CENTRALIA ILL.

17. INFORMANT (ADDRESS): FAIRMOUNT HOSPITAL 1414 E 27

18. BURIAL, CREMATION, OR REMOVAL PLACE: Green Lawn DATE: Mar 16, 1939

19. UNDERTAKER (ADDRESS): A. P. Doshler 1415 E 15

20. FILED: March 15, 1939 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939, to March 14, 1939

I last saw h. alive on March 14, 1939. Death is said to have occurred on the date stated above, at 1:45 P.m.

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

Status Thymico Lymphaticus — Date of onset: Birth

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Other contributory causes of importance:

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy? yes

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) Edgar Rose Kyger Jr. M. D.

(Address) 1103 Baltimore

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 PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD