

REC'D APR 10 1939

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

10362

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township " Primary Registration District No. 9009 Registered No. 97
(c) City Cape Girardeau Street No. _____ St.
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 38 NORTH HANOVER St. WILLIAM RYMAN MARTIN
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1859
7. AGE YEARS 79 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. GARDNER
9. Industry or business in which work was done, as saw mill, bank, etc. CARE TAKER
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) JE NN

13. NAME GEO. MARTIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT SUSIE MARTIN
(ADDRESS) 38 N. HANOVER

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont DATE March 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. J. Sparks
Cape Girardeau, Mo

20. FILED 3-11-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11th 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 27th 1938 to Mar 11th 1939
I last saw him alive on Mar 10th 1939. Death is said to have occurred on the date stated above, at 5:32 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 2
Chr. Interstitial nephritis 181 Date of onset 2

Other contributory causes of importance:
Chr. Interstitial nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? symptoms 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) J. M. Thompson, M. D.
(Address) Cape Girardeau, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Frank J. Sparks

or by

Registered Apprentice No., working under my personal supervision.

Signed

Frank J. Sparks

Licensed Embalmer No.

3453

P. O. Address

Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.