

MAY 19 1939

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

15959

Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 754 756
 (b) Township North Primary Registration District No. 5997
 (c) City North (d) Street No. West Alton, Mo. St.
 (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 William Edgar Martin

(a) Residence, No. West Alton, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Amanda Pescutt Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 8 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodian - Nat. Ins. Co.
 9. Industry or business in which work was done, as saw mill, bank, etc. Emply - West Alton
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY) 113. NAME Robert Martin 914. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 115. MAIDEN NAME Ellen Hallett16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT Amanda Martin (ADDRESS) West Alton, Mo.18. BURIAL, CREMATION, OR REMOVAL O'Fallon, Mo. PLACE Mount Zion Cem. DATE April 24, 193919. FUNERAL DIRECTOR (NAME) H. C. Dallenmyer Sub. (ADDRESS) St. Charles, Mo.20. FILED Apr 24, 1939 Rose Barnard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7:10 1 1939, to April 21, 1939
 I last saw h. in. alive on April 20, 1939. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis
(Bright's disease)
for past 10 years
or longer.

Other contributory causes of importance: 131

Name of operation None Date of.....
 What test confirmed diagnosis? Urinary 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) C. A. Barnard, M. D.

(Address) Portage Pleasant, Mo.

Sub. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X16605

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.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.