REC'D JUN 8 1939

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

18666
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) or City SPRINGFIELD
Registration District No. 318
Primary Registration District No. 2006
Registered No. 440
(d) Street No. St. Johns Hospital 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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALONZO ABRAHAM MARTIN
(a) Residence, No. 2015 N. Missouri St.
(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 White
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word) ~~Married~~ Widowed
5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (~~OR WIFE OF~~) Ruth Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1858
7. AGE ✓ YEARS 80 MONTHS 10 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as 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) Nebraska

FATHER
13. NAME No
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Record

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

17. INFORMANT (ADDRESS) Mrs. Felix Holmes 2015 N. Mo. Ave. Sp. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs Mo. DATE May 28, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Thieme Springfield, Mo.
20. FILED 5-27, 1939 Chas. A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, to May 26, 1939
I last saw him alive on May 26, 1939 Death is said to have occurred on the date stated above, at 5:35 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 5/22/39
Other contributory causes of importance: Arterio Sclerosis
Name of operation None Date of
What test confirmed diagnosis? Physical 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) [signature], M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

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 Ralph Thieme, Registered Apprentice No. ..... working under my personal supervision.

Signed Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo

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

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