

187
 JUL 19 1939

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

23467
 Do not use this space.

1. PLACE OF DEATH
 (a) County Texas Registration District No. 865
 (b) Township Cass Primary Registration District No. 0143 Registered No. 5
 (c) City Houston (d) Street No. _____ St.
 (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 Elijah Martin
 (a) Residence, No. _____ St. (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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1837
 7. AGE YEARS 85 MONTHS 1 DAYS 11 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) 1933 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 FATHER 13. NAME John Martin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) T. T. Martin
 18. BURIAL, CREMATION, OR REMOVAL PLACE Tyone DATE July 2 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eugene Elliott
 20. FILED July 4 1939 Low Mc Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1939
 22. I HEREBY CERTIFY That I attended deceased from June 1 1939 to July 1 1939
 I last saw him alive on June 1 1939 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis & Senility Date of onset _____
 Other contributory causes of importance: 121
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) W. P. H. Green _____, M. D.
Houston, 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.

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.