

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

Do not use this space.

RECD SEP 8 1939

1. PLACE OF DEATH

County Jasper
 Township Union
 City WESS CITY

Registration District No. 413
 Primary Registration District No. 5559.C.
 (No. TUBERCULOSIS HOSPITAL)

File No. 29459
 Registered No. 45
 (No. Jasper Co. Ward)

2. FULL NAME

(a) Residence, No. 635 Joseph E. Martin St. Rh 3 Ward.

(If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Martin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3 - 1892</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>3</u>
		DAYS
		<u>13</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lead & zinc</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Miner</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 8 1939</u>	
	11. Total time (years) spent in this occupation <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Corona Mo</u>		
FATHER	13. NAME <u>Joseph H. Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Frank Pendergraft</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Galena Row</u> DATE <u>8/16 39</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Allison Galena Row</u>		
20. FILED AUG. 17, 39, 19. <u>H. H. Bitchell M. D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 39 to Aug 16 39
 I last saw him alive on Aug 16 1939 Death is said to have occurred on the date stated above, at 4:03 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Siles - Debarceloni
Lochis - Rectal Abscess
 Other contributory causes of importance: 23

Name of operation Abscess Lanced Date of Jan 29
 What test confirmed diagnosis: Roentgen 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? yes
 If so, specify Miner
 (Signed) John E. Douglas, M. D.
 (Address) W. H. B. City

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.

RECEIVED

District Health Officer No. 6,

District File Number 939-1752

Date Filed SEP 5 1939