

1940 12 40

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

1674
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan, Registration District No. 85
 (b) Township 20 Primary Registration District No. 1001
 (c) City St. Joseph, (d) Street No. 1512 South 11th. Registered No. 5
 (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. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David John Martin,
 (a) Residence, No. 1512 South 11th. 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) Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child,

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) Saint Joseph, Missouri,

FATHER

13. NAME Emmett M. Martin,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

MOTHER

15. MAIDEN NAME Delores A. Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Dodge, Iowa,

17. INFORMANT Emmett M. Martin
 (ADDRESS) 1512 So. 11th. Street,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Olivet Cem. DATE Jan'y 3rd, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton Brothers - Burman, 319 So. 10th. Str. Home

20. FILED Jan. 3 1940 A. J. Nestlebaum
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 2nd, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1939 to Jan. 2, 1940.
 I last saw him alive on acute Jan 2 1940 Death is said to have occurred on the date stated above, at 11:50 am.

The principal cause of death and related causes of importance were as follows:
Acute Gastritis Date of onset

Other contributory causes of importance:
None -

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) J. R. Elliott, M. D.
 (Address) 801 1/2 Francis, St. Joseph, 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.

119c

STATE OF TEXAS
DEPARTMENT OF HEALTH

EXHIBIT
NO. 1

THIS CERTIFICATE IS VALID FOR THE STATE OF TEXAS

11/17/40
L. J. ...

DATE OF EXPIRATION

DECEMBER 18, 1939

19
31

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, 1-2-40

or by

Registered Apprentice No. _____, working under my personal supervision

Signed L. J. ...

Licensed Embalmer No. 7007

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

1674 X
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 5
(c) City St. Joseph (d) Street No. _____ 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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
David John Martin
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 19

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

acute bacillary Gastro-enteritis.
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance: none
Caused by overdosing with Castor oil and Milk Magnesia.

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar. 13, 1940 H. J. Nestel Local Registrar.

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) J. R. Elliot, M. D.

(Address) 801 1/2 St. Joseph

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

St. Joseph, Mo.
801 $\frac{1}{2}$ Francis St.
Mar. 13, 1940

Dear Sirs;-

I believe a "Gastro-enteritis Acute" would have been a better term for the cause of baby David John Martin's death.

From the history I obtained the baby was given Castor oil in "Tablespoonful doses" and in addition a teaspoonful of "Milk of Magnesia" was added to each four ounces of its feeding. I do not know what gave them such an idea but they said they wanted to raise them like the "Dionne" babies were raised.

I am,

Sincerely,

J. R. Williams