

APR 22 1940

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

10467
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Julton or City Julton Primary Registration District No. 3008 Registered No. 78
(c) City Julton (d) Street No. State Hospital #1
(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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

OLLIE MARTIN
(a) Residence, No. Versailles, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lorraine Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 6 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1940
22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939 to March 18, 1940
I last saw him alive on March 17, 1940. Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:
General Paralysis of Insane
Date of onset 82
Other contributory causes of importance: none

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

FATHER

13. NAME Wm Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER

15. MAIDEN NAME Alice Burris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Hospital Chart

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Mo DATE March 20, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Tidwell
Versailles, Mo.

20. FILED Mar 18, 1940 R. N. Crews
Local Registrar

Name of operation hematoma Date of
What test confirmed diagnosis? clinical 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) John J. Black, M. D.
16 (Address) Fulton, Mo.

14 2 1
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
50M-3-15-38 I X10605

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.