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

Do not use this space.

File No. 41725
Registered No. 113

1. PLACE OF DEATH
County Nodaway
Township Polk
City (No. St. Ward)
Registration District No. 625
Primary Registration District No. 5827

2. FULL NAME Albert W Martin
(a) Residence, No. 7 [illegible] St., Ward. Martinsburg Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1849
7. AGE: YEARS 82 | MONTHS 11 | DAYS 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 95
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 132
10. Date deceased last worked at this occupation (month and year) 11
11. Total time (years) spent in this occupation 13

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

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

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

17. INFORMANT (ADDRESS) A R Martin Maryville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Martinsburg Mo DATE 19
19. UNDERTAKER (ADDRESS) Cunningham Furn Co Maryville Mo
20. FILED 12-18 1931 Minnie E Hardy Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1931, to December 17, 1931
I last saw h. im alive on December 17, 1931. Death is said to have occurred on the date stated above, at 6.20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paroxysmal nephritis	
Hypostatic Oedema of Lungs	
Organic Heart disease	

Other contributory causes of importance: 13M

Name of operation None 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? No
If so, specify
(Signed) Chas. T. Beer, M. D.
(Address) Maryville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD