

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

Do not use this space.

35482

1. PLACE OF DEATH
 2 County Henry Registration District No. 1
 Township Windsor Primary Registration District No. 5
 City Windsor St. _____ Ward _____

2. FULL NAME George L. B. Martin
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

File No. _____
 Registered No. HP
 St. _____ Ward _____

MAY 23 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE-MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-1-1858

7. AGE YEARS MONTHS DAYS 75 9 4 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Calchester
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER George P Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932, to Nov 11, 1932 that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause of Stomach
46 B (duration) ____ yrs. ____ mos. ____ da.
 CONTRIBUTORY Voluntary Blood
 (SECONDARY) and Heart weakness (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: do not know
 DID AN OPERATION PRECEDE DEATH... no DATE OF _____
 WAS THERE AN AUTOPSY... no
 WHAT TEST CONFIRMED DIAGNOSIS... 1
 (Signed) D. P. Pelland M. D.
 (Address) Calhoun Ill

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cemetery DATE OF BURIAL Nov 13 1932

20. UNDERTAKER W. A. House ADDRESS Calhoun

14. INFORMANT George L. Martin
 (Address) St. Louis Mo

15. FILED Nov 13 1932 [Signature] REGISTRAR

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

