

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.

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

Do not use this space.

98. PLACE OF DEATH  
County Schuyler Registration District No. 806 File No. 42803  
Township Prairie Primary Registration District No. 6052 Registered No.  
City (No. St. Ward)  
2. FULL NAME Wm Henry Martin  
(a) Residence, No. St. Ward.  
(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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Martin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24-1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 10 6  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, 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) Lancaster, Mo  
13. NAME Richard Martin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
15. MAIDEN NAME Eliza White  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
17. INFORMANT (ADDRESS) Mrs. Anna Martin  
Lancaster, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Thornast Cemetery DATE Jan 1-1933  
19. UNDERTAKER (ADDRESS) John A. Plabitch  
Lancaster, Mo  
20. FILED Jan-5 19 33 J. V. Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-30 19 32  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9 A.M.  
The principal cause of death and related causes of importance were as follows:  
lesion of the heart  
He was subject  
to fainting  
9/5  
Other contributory causes of importance: (5) 15B  
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) D. M. D. Raine Coroner, M. D.  
(Address) Downing, Mo.

