

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

Do not use this space.

WAY 25 1934

1. PLACE OF DEATH

County Jenny
Township Clinton
City Clinton Mo (No. St. Ward)

Registration District No. 347
Primary Registration District No. 3018

File No. 12651
Registered No. 53

2. FULL NAME William A Martin

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mallie L. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1863

7. AGE YEARS 70 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. min.

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

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) Marshall Co. (STATE OR COUNTRY) Ill

13. NAME Andrew J. Martin

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Jane Caldwell

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Mrs Laura Hunt (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4/20 34

19. UNDERTAKER Spare & Son (ADDRESS)

20. FILED 4-20 1934 J. R. Haupt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1922, to 4-18, 1934. I last saw him alive on 4-18, 1934. Death is said to have occurred on the date stated above, at 7 P.M.

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

Dilatation heart Date of onset 4-18-34
95C
95E
Other contributory causes of importance: Chronic Myocarditis 1930

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? no.
If so, specify As follows:
(Signed) J. S. Walker, M. D.
(Address) Clinton 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.

