MAR 19 1936

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

Do not use this space.

5587

1. PLACE OF DEATH

County: Henry — Registration District No. 347 — File No.

Township: — Primary Registration District No. 3018 — Registered No.

City: Clinton (No. , St. Ward)

2. FULL NAME: Robert Lee Martin

(a) Residence, No. South Washington 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29 1915

7. AGE: Years 20 — Months 7 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Labor

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): Clinton Mo

FATHER

13. NAME: Walter Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brownsville Mo

MOTHER

15. MAIDEN NAME: Rosa Hoppe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Rosa Hoppe Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Englewood Cem DATE: 2/10 1936

19. UNDERTAKER (ADDRESS): Considine & Auck Clinton Mo

20. FILED: 2-10 1936 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936, to Feb 8, 1936
I last saw him alive on Feb 8, 1936. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	

Other contributory causes of importance:

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) Boyd Netzel 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.