

MAR 19 1936

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

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5587

## 1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered 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 MONTHS DAYS If LESS than 1 day, ..... hrs. of ..... min.  
20 7 9

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

13. NAME Walter Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownville Mo

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) Consolus + Beck Clinton Mo

20. FILED 2-10 1936 J. N. 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:

Pneumonia - Labor Date of onset

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) W. D. H. H. H. M. D.

(Address) Clinton Mo

Every year or more 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.

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a report or a set of instructions. The text is organized into several distinct sections, likely separated by headings or sub-headings, but the specific content cannot be accurately transcribed. The visible fragments of text include words such as "SECRET", "CONFIDENTIAL", "SECURITY INFORMATION", and various alphanumeric strings and symbols.]

[This column contains additional text, which is also very faint and difficult to read. It appears to be a continuation of the document's content, possibly including a list of items or a detailed description of a process. The text is mostly illegible.]