

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Bozard Primary Registration District No. 5495
 City (No. _____) St. _____ Ward _____

2. FULL NAME Andrew Core Martin
 (a) Residence No. Brighton, Missouri
 (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.

File No. 34266
 Registered No. _____

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 Caroline Elizabeth Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 | 2 | 1

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) Clarksburg
 (STATE OR COUNTRY) West Va.

10. NAME OF FATHER James Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) W. Virginia
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Adina Gifford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Virginia
 (STATE OR COUNTRY) _____

14. INFORMANT Edna Green
 (Address) Butler Mo

15. FILED 9-12-36 J. R. Hampton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1936

17. I HEREBY CERTIFY That I attended deceased from Jan 1 1876 to Sept 4 1936 that I last saw him alive on Sept 4 1936 and that death occurred, on the date stated above, at Clarksburg, W. Va.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancerous Prostate
61 (duration) 2 yrs 9 mos ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, at home
 DID AN OPERATION PRECEDE DEATH? yes DATE Nov-1933
 WAS THERE AN AUTOPSY? yes
 (Signed) George W. Griffith M.D.
 (Address) Radon Alley WMO

*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 Keptner Cemetery DATE OF BURIAL 9-4-1936

20. UNDERTAKER Smith & Graham ADDRESS Urich 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.

