

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Warren Registration District No. 258
Township Washington Primary Registration District No. 415-7
City Clarksdale (No.) St. Ward

File No. 41123
Registered No. 11

2. FULL NAME John W. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7- 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 11-6- 1937, to 11-6- 1937

I last saw him alive on Nov. 6, 1937. Death is said to have occurred on the date stated above, at 2.0 p.m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 - - -

Fulminating Pneumonia Date of onset 11/5-37

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

Other contributory causes of importance: Emphysema 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Miss.

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Elba Martin Clarksdale Miss.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale DATE 11/9, 1937

19. UNDERTAKER (ADDRESS) John G. Brown Clarksdale Miss.

20. FILED 12/8 1937 Mrs. C. M. Davis Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

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? Yes

If so, specify.....

(Signed) O. L. Perkins, M. D.

(Address) Clarksdale Miss.

Exact statement of OCCUPATION is very important.

