

DEC 4 1936

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

Do not use this space.

38861

File No. 341

Registered No. _____

1. PLACE OF DEATH

County St. Francois Registration District No. 224
Township St. Francois Primary Registration District No. 4405
City Flat River Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas M. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 5 22

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

9. Industry or business in which work was done, as silk mill, bank, etc. Peace Justice

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

13. NAME J. J. Martin

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

15. MAIDEN NAME Ann B. Wright

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

17. INFORMANT J. G. Parker
(ADDRESS) FLATRIVER MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park View DATE 10-13-36

19. UNDERTAKER Geo. Damer
(ADDRESS) FLATRIVER MO

20. FILED 11 1936 B. B. Farrar
Registrar.

11-3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1936 to 10-11, 1936

I last saw him alive on 10-11, 1936 Death is said to have occurred on the date stated above, at 11 A m.

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

myocarditis arterio-sclerosica; thrombosis in popliteal artery left leg

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

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 _____

(Signed) B. B. Farrar, M. D.

(Address) Flat River 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.

STATE BOARD OF HEALTH, WITH UNWRAPPING INSTRUMENTS—THIS IS A PERMANENT RECORD

