

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF BIRTH

County Cape Girardeau
Township Shannon
City (No.)

Registration District No. 129
Primary Registration District No. 5180

File No. 17950
Registered No. 9 St. () Ward ()

2. FULL NAME

(a) Residence, No. George Wm Martine 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1848

7. AGE 93 YEARS MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.

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

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) Perry County Mo.

13. NAME Franklin Martine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

15. MAIDEN NAME Laura Rhendahl

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

17. INFORMANT Shes. Martin (ADDRESS) Pocahontas, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Apple Creek Bur. Co. DATE May 24 1938

19. UNDERTAKER Reisenblyer & Co. (ADDRESS) Pocahontas Mo.

20. FILED 5-23-38 H. J. Schorn Registrar. 121

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1938

22. I HEREBY CERTIFY. That I attended deceased from April 3 1938, to May 22 1938. I last saw him alive on May 13 1938. Death is said

to have occurred on the date stated above, at 5:15 P. m.

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

apoplexy Date of onset April 3
82 yr.

Other contributory causes of importance:

None

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? No

If so, specify

(Signed) H. J. Schorn, M. D.

(Address) Pocahontas 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.

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