

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

Do not use this space.

32459

1. PLACE OF DEATH

County Shannon
Township Wanda

Registration District No. 823
Primary Registration District No. 6074

File No.
Registered No.

City Allen Eugene Martin (No.) St. Ward)

2. FULL NAME

(a) Residence. No. 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** Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1925

7. AGE YEARS MONTHS DAYS 34 **IF LESS than 1 day, hrs. or min.**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wanda Missouri

10. NAME OF FATHER Charles Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Emersburg Missouri

12. MAIDEN NAME OF MOTHER Halloway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wanda Missouri

14. INFORMANT Charles Martin
(Address) Wanda Mo

15. FILED 9-24-28 Mabel Rosen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 19 1928 to Sept 22 1928 that I last saw him alive on Sept 19 1928, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:
leber pneumonia

108 / 101a (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY No

WHAT TEST CONFIRMED DIAGNOSIS Ward
(Signed) J. J. Lehenovets, M.D.

Sept 22, 1928 (Address) Wanda Mo

*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 Wanda Cemetery **DATE OF BURIAL** 9-23 1928

20. UNDERTAKER None **ADDRESS**

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.

