

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH
County Crawford
Township Burton
or Cuba
Village Cuba
or Crawford
City Crawford (NO. _____) St. _____ Ward _____

Registration District No. 230 File No. 19614
Primary Registration District No. 5312 Registered No. 18

FULL NAME Corrad Martie

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>
DATE OF BIRTH <u>March 31, 1828</u> <small>(Month) (Day) (Year)</small>		
AGE <u>82 3</u> <small>Yrs. mos. ds.</small>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer 92A</u> (b) General nature of industry, business, or establishment in which employed (or, employer) <u>unknown</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>		
PARENTS	NAME OF FATHER <u>Antony Martie</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	
	MAIDEN NAME OF MOTHER <u>unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 22, 1910, to July 8, 1910, that I last saw him alive on July 1, 1910, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:
Mitral stenosis and
Scrubility with spasmodic
asthma

(Duration) _____ yrs. two mos. 19 ds.

Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) John H. Martyn M. D.
July 8, 1910 (Address) Cuba Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William C. Martin
(ADDRESS) Cuba Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death?
Former or usual residence _____

Filed July 9, 1910 Dr. W. S. Cox REGISTRAR
deputy

PLACE OF BURIAL OR REMOVAL <u>Riversy Sawyrd</u>	DATE OF BURIAL <u>July 9, 1910</u>
UNDERTAKER <u>Agnes Hollow</u>	ADDRESS <u>Cuba Mo.</u>

Conrad Martin

Memorial

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Birth: 1828
Death: 1910

Burial:
[Delhi Cemetery](#)
Cuba
Crawford County
Missouri, USA

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