

County Jefferson  
Vot. Precinct \_\_\_\_\_  
Incl. Town \_\_\_\_\_  
City Lansing

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. 14 Baptist Hospital \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Duren Martin  
(a) Residence. No. Trenville, Ky. 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 Single  
Married Widowed or Divorced (Write the form)  
5a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of Single  
6 DATE OF BIRTH October 9, 1889  
(Month) (Day) (Year)  
7 AGE 47 yrs. 3 mos. 21 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?  
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Vice President  
(b) General nature of industry, business or establishment in which employed (or employer) 1st Nat. Bk. Lansing, Mich.  
9 BIRTHPLACE (city or town) (State or country) Lansing, Mich.

PARENTS  
10 NAME OF FATHER D. J. Martin  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Trenville, Ky.  
12 MAIDEN NAME OF MOTHER Virginia Elizabeth  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Madison, Ky.

14 (Informant) \_\_\_\_\_ (Address) \_\_\_\_\_  
15 Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 30, 1930  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930, to 1-30, 1930, that I last saw him alive on 1-30, 1930, and that death occurred on the date stated above at 11 p. The CAUSE OF DEATH\* was as follows:  
Hypertensive Heart Disease  
Cerebral Hemorrhage  
(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? \_\_\_\_\_  
What test confirmed diagnosis?  
(Signed) Emmet F. Horne M. D.  
1-31, 1930 (Address) Greenville Bldg. 9th St. N. D.

\*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. (See reverse side for additional space.)  
19 PLACE OF BURIAL OR REMOVAL Trenville, Mich. DATE OF BURIAL 1/31, 1930  
20 UNDERTAKER John Mason & Co., Lansing, Mich. ADDRESS \_\_\_\_\_

WRITE PLAIN 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. See instructions on back of certificate.