

## DISCLAIMER

This biography is a rough draft and a work-in-progress.  
The research has not been completed, so there may be errors and omissions.

This document lacks 1950 census data.  
Please return to [Tuscania1918.org](http://Tuscania1918.org) in the future to see if a revised and  
finalized version is available.

### Abbreviations:

b = born

d = died

F: = Find A Grave ([www.findagrave.org](http://www.findagrave.org))

NOK = next-of-kin

# TUSCANIA

**Martin, Leon Samuel**  
**1893 TX – 1977 TX**

STATE OF TEXAS 015-01-2 015-01 CERTIFICATE OF DEATH 4/23 STATE FILE NO. 40556

|                                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                                                |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Bexar</b>                                                                                                                                                                                                                                                              |                                  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE<br><b>Texas</b><br>b. COUNTY<br><b>Bexar</b>                                 |                                             |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                                                                                                                                                           |                                  | c. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                              |                                             |
| d. NAME OF (If not in hospital, give street address)<br>HOSPITAL OR INSTITUTION<br><b>Northeast Baptist Hospital</b>                                                                                                                                                                                        |                                  | d. STREET ADDRESS (If rural, give location)<br><b>426 Bailey Avenue</b>                                                                                                        |                                             |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                             |                                  | f. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                              |                                             |
| 3. NAME OF DECEASED<br>(Type or print)<br>a. First<br><b>LEON</b><br>b. Middle<br><b>SAMUEL</b><br>c. Last<br><b>MARTIN</b>                                                                                                                                                                                 |                                  | 4. DATE OF DEATH<br><b>June 9, 1977</b>                                                                                                                                        |                                             |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                       | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIAGE STATUS<br>Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>December 7, 1893</b> |
| 10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired)<br><b>Aircraft Engineer</b>                                                                                                                                                                                    |                                  | 10b. <b>Kelly Air Force Base</b>                                                                                                                                               |                                             |
| 11. FATHER'S NAME<br><b>James Meredith Martin</b>                                                                                                                                                                                                                                                           |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                                                  |                                             |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes World War I</b>                                                                                                                                                                       |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Molly Callaway</b>                                                                                                                              |                                             |
| 15. SOCIAL SECURITY NO.<br><b>459-34-3432</b>                                                                                                                                                                                                                                                               |                                  | 16. INFORMATION<br><i>Mr. Leon S. Martin</i>                                                                                                                                   |                                             |
| 17. CAUSE OF DEATH (Enter only one cause per line for 1a, 1b, and 1c.)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br><b>Congestive heart failure</b><br><b>Severe pulmonary emphysema</b><br><b>Pneumonitis, left lung</b><br><b>Arteriosclerotic heart disease</b><br>DUE TO (b)<br>DUE TO (c) |                                  | INTERVAL BETWEEN DEATH AND DEATH<br><b>5-27-77</b><br><b>1968</b><br><b>5-27-77</b><br><b>Unknown</b>                                                                          |                                             |
| 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)                                                                                                                                                                                  |                                  | 19. WAS AUTOPSY PERFORMED?                                                                                                                                                     |                                             |

1404

son

1404

VS-112, REV. 1/78

TEXAS DEPARTMENT OF HEALTH RESOURCES  
BUREAU OF VITAL STATISTICS

REC'D JUN 29 1977

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

20b. TIME OF INJURY

20c. INJURY LOCATIONS

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

20f. CITY, TOWN, OR LOCATION

20g. COUNTY

20h. STATE

21. I hereby certify that I attended the deceased from Nov. 57 to June 9, 1977 and last saw the deceased alive on June 9, 1977. Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Cook M.D.

22b. ADDRESS P.O. Box 6905 San Antonio, Tex., 78209

22c. DATE SIGNED 6-13-77

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 11, 1977

23c. NAME OF CEMETERY OR CREMATORY Mission Burial Park

23d. LOCATION (City, town, or county) (State) San Antonio, Texas

24. FUNERAL DIRECTOR'S SIGNATURE Porter Loring Mortuary

25a. REGISTRAR'S FILE NO. 3334

25b. DATE REC'D BY LOCAL REGISTRAR JUN 13 77

25c. REGISTRAR'S SIGNATURE R. M. Wainwright

TX death certificate of Leon Samuel Martin -

[https://www.ancestry.com/imageviewer/collections/2272/images/33154\\_b063008-00617?usePUB=true&\\_phsrc=hFB29997&\\_phstart=successSource&usePUBJs=true&pld=864170](https://www.ancestry.com/imageviewer/collections/2272/images/33154_b063008-00617?usePUB=true&_phsrc=hFB29997&_phstart=successSource&usePUBJs=true&pld=864170)

**MARTIN**  
Leon S. Martin, age 83, of 426 Bailey Ave., died Thursday, June 9, 1977. He was a member of Travis Park Methodist Church Men's Bible Class. Survivors: Wife, Olivia Conrads Martin; sisters, Mrs. Frances Evans, Victoria, Tex., Mrs. Mildred Ehlers, Palacios, Tex.; many nieces and nephews. Service Saturday at 11 o'clock in the Colonial Chapel of the Porter Loring Mortuary, the Rev. Edwin Calhoun officiating. Interment in Mission Burial Park. Arrangements with  
**Porter Loring**  
1101 McCULLOUGH 227-8221

Obituary of Leon Samuel Martin – "San Antonio (TX) Express" Friday 10 Jun 1977 p 35

**Palacios Boy on Tuscania Safe.**  
(Houston Post Special.)

**PALACIOS, Texas, Feb. 10.**—Friends and relatives of Leon Martin, son of J. M. Martin of this place, have just received a cablegram stating that he had landed safely after being on the torpedoed Tuscania. Young Martin enlisted with the 100th aero squadron several months ago and has been stationed at Washington. At this writing nothing has been heard from Phil DeVant of Bay City, who was also on the same ship.

“Houston (TX) Post” Monday 11 Feb 1918 p 2

| Form 1                                                              |                                                                                                                                        | REGISTRATION CARD  |             | No. 176 |  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|---------|--|
| 1                                                                   | Name in full                                                                                                                           | L. S. Martin       | Age in yrs. | 22      |  |
| 2                                                                   | Home address                                                                                                                           | Palacios Texas.    |             |         |  |
| 3                                                                   | Date of birth                                                                                                                          | Dec. 7 1894        |             |         |  |
| 4                                                                   | Are you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?  | nat. born          |             |         |  |
| 5                                                                   | Where born                                                                                                                             | Victoria Texas USA |             |         |  |
| 6                                                                   | If not a citizen, of what country are you a citizen or subject?                                                                        |                    |             |         |  |
| 7                                                                   | What is your present trade, occupation, or office?                                                                                     | laundry man        |             | 22      |  |
| 8                                                                   | By whom employed?                                                                                                                      | by self            |             |         |  |
| 9                                                                   | Where employed?                                                                                                                        | Palacios           |             |         |  |
| 10                                                                  | Have you a father, mother, wife, child under 12, or a sister or brother under 12, wholly dependent on you for support (specify which)? | father & mother    |             |         |  |
| 11                                                                  | Married or single (specify which)?                                                                                                     | single             |             |         |  |
| 12                                                                  | What military service have you had? Rank                                                                                               | None               |             |         |  |
| 13                                                                  | Do you claim exemption from draft (specify grounds)?                                                                                   | support of parents |             |         |  |
| I affirm that I have notified above answers and that they are true. |                                                                                                                                        |                    |             |         |  |
| L. S. Martin                                                        |                                                                                                                                        |                    |             |         |  |

| 42-3-31-A                                                                                                                                                                                                        |                                                                                            | REGISTRAR'S REPORT |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------|------------------------------------|
| 1                                                                                                                                                                                                                | Tall, medium, or short (specify which)?                                                    | tall               | Slender, medium, or stout (which)? |
| 2                                                                                                                                                                                                                | Color of eyes?                                                                             | brown              | Color of hair?                     |
| 3                                                                                                                                                                                                                | Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? | Med.               | Build?                             |
| No.                                                                                                                                                                                                              |                                                                                            |                    |                                    |
| I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows: |                                                                                            |                    |                                    |
| (The applicant does not support his father and mother.)                                                                                                                                                          |                                                                                            |                    |                                    |
| Frank R. Newton                                                                                                                                                                                                  |                                                                                            |                    |                                    |
| County Clk. Bexar County, Tex.                                                                                                                                                                                   |                                                                                            |                    |                                    |
| City or County: Matagorda                                                                                                                                                                                        |                                                                                            |                    |                                    |
| State: Texas                                                                                                                                                                                                     |                                                                                            |                    |                                    |
| June 5 1917                                                                                                                                                                                                      |                                                                                            |                    |                                    |

WWI draft registration - <https://www.familysearch.org/ark:/61903/3:1:33S7-9YT7-3N1Q?i=2167&cc=1968530&personUrl=%2Fark%3A%2F61903%2F1%3A1%3AKZXL-9H6>

MARTIN LEON SAMUEL - C 15-896-177

Chauffeur 100 Aero Sqdn AS K

711 W French Pl San Antonio A 2 186 856

249 893 Tex T 3 214 795

12/7/94 R

8/20/17 Dte 6/18/19 Cl 1 539 086

I

U.S. VETERANS BUREAU  
MAIL AND RECORDS  
Form 7300-Rev. Sept., 1926

INDEX CARD

<https://www.familysearch.org/ark:/61903/3:1:3Q9M-CS1Y-K4LY-G?cc=2968245&personaUrl=%2Fark%3A%2F61903%2F1%3A1%3AW99H-PJN2>

1 1/4

Martin, Leon S. 249,893 White  
(Surname) (Christian name) (Army serial number) (Race: White or colored)

Residence: Palacios - Matagorda TEXAS  
(Street and house number) (Town or city) (County) (State)

\* Enlisted in RA Ft Houston Tex Aug 20/17  
† Born in Victoria Tex 23 9/12 yrs  
Organizations: 101 Aer Sq Sig C to Sept 17/17; 100 Aer Sq todisch

Grades: Cfr Oct 22/18

Engagements:

Wounds or other injuries received in action: None.

† Served overseas: Jan 24/18 to May 31/19

§ Hon. disch. June 18/19 on demobilization

Was reported 0 per cent disabled on date of discharge, in view of occupation.

Remarks:

Form No. 724-1 1/2, A. G. O. March 12, 1920. 3-7038

\* Insert "R. A.", "N. G.", "E. R. C.", "N. A.", as case may be, followed by place and date of enlistment. † Give place of birth and date of birth, or age at enlistment. § Give dates of departure from and arrival in the United States. ¶ Give date.

<https://www.familysearch.org/ark:/61903/3:1:3Q57-L9MN-H9C6-B?i=2547&cc=2202707&personaUrl=%2Fark%3A%2F61903%2F1%3A1%3AQV18-XBJR>

Father:

| 1. PLACE OF DEATH<br>STATE OF TEXAS<br>COUNTY OF <u>Matagorda</u><br>CITY OR PRECINCT NO. <u>Palacios Texas</u>                                                                                         |                               | TEXAS STATE DEPARTMENT OF HEALTH<br>BUREAU OF VITAL STATISTICS<br>STANDARD CERTIFICATE OF DEATH |  | Registrar's No. <u>13080</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------|--|------------------------------|
| Length of residence in city where death occurred <u>      </u> yrs. <u>      </u> mos. <u>      </u> days? How long in U. S. if foreign born? <u>      </u> yrs. <u>      </u> mos. <u>      </u> days. |                               |                                                                                                 |  |                              |
| 2. FULL NAME OF DECEASED <u>James Meredith Martin</u>                                                                                                                                                   |                               |                                                                                                 |  |                              |
| Residence: No. <u>      </u> Street <u>      </u> If non-residence give city, or town and state.                                                                                                        |                               |                                                                                                 |  |                              |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                    |                               |                                                                                                 |  |                              |
| 3. SEX <u>Male</u>                                                                                                                                                                                      | 4. COLOR OR RACE <u>White</u> | 5. SINGLE (write the word)<br>MARRIED <u>Married</u><br>WIDOWED<br>DIVORCED                     |  |                              |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs J. M. Martin</u>                                                                                                                    |                               |                                                                                                 |  |                              |
| 6. DATE OF BIRTH (month, day, and year) <u>July 25 1865</u>                                                                                                                                             |                               |                                                                                                 |  |                              |
| 7. AGE <u>67</u> Years <u>8</u> Months <u>5</u> Days If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.                                                                                       |                               |                                                                                                 |  |                              |
| 8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Transfer Man.</u>                                                                                        |                               |                                                                                                 |  |                              |
| 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) <u>      </u>                                                                                                                         |                               |                                                                                                 |  |                              |
| 11. Total time (years) spent in this occupation <u>      </u>                                                                                                                                           |                               |                                                                                                 |  |                              |
| 12. BIRTHPLACE (city or town) (State or country) <u>Kentucky.</u>                                                                                                                                       |                               |                                                                                                 |  |                              |
| 13. NAME <u>No Record.</u>                                                                                                                                                                              |                               |                                                                                                 |  |                              |
| 14. BIRTHPLACE (city or town) (State or country) <u>No Record.</u>                                                                                                                                      |                               |                                                                                                 |  |                              |
| 15. MAIDEN NAME <u>No Record.</u>                                                                                                                                                                       |                               |                                                                                                 |  |                              |
| 16. BIRTHPLACE (city or town) (State or country) <u>No Record.</u>                                                                                                                                      |                               |                                                                                                 |  |                              |
| 17. INFORMANT <u>J. H. Martin</u><br>(Address) <u>San Antonio, Texas.</u>                                                                                                                               |                               |                                                                                                 |  |                              |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Palacios Texas</u> Date <u>3/31, 1932</u>                                                                                                                 |                               |                                                                                                 |  |                              |
| 19. UNDERTAKER <u>Taylor Bros.</u><br>(Address) <u>Bay City Texas.</u>                                                                                                                                  |                               |                                                                                                 |  |                              |
| 20. FILE DATE AND SIGNATURE OF REGISTRAR<br><u>March 30 1932</u> <u>J. H. Williams</u>                                                                                                                  |                               |                                                                                                 |  |                              |
| MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                            |                               |                                                                                                 |  |                              |
| 21. DATE OF DEATH (month, day, and year) <u>March 30th 1932</u>                                                                                                                                         |                               |                                                                                                 |  |                              |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>1/22</u> 19 <u>32</u> to <u>3/32</u> 19 <u>32</u>                                                                                                |                               |                                                                                                 |  |                              |
| I last saw him alive on <u>3/20</u> 19 <u>32</u> death is said to have occurred on the date stated above, at <u>9:51</u> m.                                                                             |                               |                                                                                                 |  |                              |
| The principal cause of death and related causes of importance were as follows <u>Chaufer</u> Date of onset <u>3/28</u>                                                                                  |                               |                                                                                                 |  |                              |
| Other contributory causes of importance: <u>Intestinal &amp; Pulmonary Tuberculosis</u> <u>1/21/31</u>                                                                                                  |                               |                                                                                                 |  |                              |
| Name of operation <u>      </u> date of <u>      </u>                                                                                                                                                   |                               |                                                                                                 |  |                              |
| What test confirmed diagnosis? <u>      </u> Was there an autopsy? <u>      </u>                                                                                                                        |                               |                                                                                                 |  |                              |
| 23. If death was due to external causes (violence) fill in also the following:<br>Accident, suicide, or homicide? <u>      </u>                                                                         |                               |                                                                                                 |  |                              |
| Date of injury <u>      </u> 19 <u>      </u>                                                                                                                                                           |                               |                                                                                                 |  |                              |
| Where did injury occur? <u>      </u><br>(Specify city or town, county, and State)                                                                                                                      |                               |                                                                                                 |  |                              |
| Specify whether injury occurred in industry, in home, or in public place.                                                                                                                               |                               |                                                                                                 |  |                              |
| Manner of injury <u>      </u>                                                                                                                                                                          |                               |                                                                                                 |  |                              |
| Nature of injury <u>      </u>                                                                                                                                                                          |                               |                                                                                                 |  |                              |
| 24. Was disease or injury in any way related to occupation of deceased? <u>      </u>                                                                                                                   |                               |                                                                                                 |  |                              |
| If so, specify <u>      </u>                                                                                                                                                                            |                               |                                                                                                 |  |                              |
| (Signed) <u>J. H. Williams</u> M. D.                                                                                                                                                                    |                               |                                                                                                 |  |                              |
| (Address) <u>Palacios</u>                                                                                                                                                                               |                               |                                                                                                 |  |                              |

TX death record of father James Meredith Martin -

[https://www.ancestry.com/imageviewer/collections/2272/images/40394\\_b062033-03513?pid=21654139](https://www.ancestry.com/imageviewer/collections/2272/images/40394_b062033-03513?pid=21654139)

Mother:



Mother Mary Elizabeth (Molly/Mollie) Callaway Martin - <https://www.ancestry.com/mediaui-viewer/tree/5932067/person/6164847226/media/597a30af-a6a1-4f7c-9924-5eb12f460910>

STATE OF TEXAS 161-00-1 161-00 CERTIFICATE OF DEATH 4201 25 STATE FILE NO.

|                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Matagorda</b>                                                                                                                                                                                                                                                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before or after death)<br>a. STATE <b>Texas</b> b. COUNTY <b>Matagorda</b> |  |
| b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Palacios</b>                                                                                                                                                                                                                                                                                                       |  | c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Palacios</b>                                                                    |  |
| c. LENGTH OF STAY in l. b. <b>54 Yrs.</b>                                                                                                                                                                                                                                                                                                                                         |  | d. STREET ADDRESS (If rural, give location) <b>Fourth Street Rd 1</b>                                                                          |  |
| d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Residence</b>                                                                                                                                                                                                                                                                                     |  | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                        |  |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                      |  | f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                        |  |
| 3. NAME OF DECEASED (Type or print)<br>(a) First <b>Mary</b> (b) Middle <b>Elizabeth</b> (c) Last <b>Martin</b>                                                                                                                                                                                                                                                                   |  | 4. DATE OF DEATH <b>September 6, 1960</b>                                                                                                      |  |
| 5. SEX <b>Female</b>                                                                                                                                                                                                                                                                                                                                                              |  | 6. COLOR OR RACE <b>White</b>                                                                                                                  |  |
| 7. MARRIAGE STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                                                                                                                                                                                 |  | 8. DATE OF BIRTH <b>July 10, 1868</b>                                                                                                          |  |
| 9. AGE (In years last birthday) <b>92</b>                                                                                                                                                                                                                                                                                                                                         |  | 10. BIRTHPLACE (State or foreign country) <b>Dutch Creek, Kentucky</b>                                                                         |  |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>                                                                                                                                                                                                                                                                       |  | 12. CITIZEN OF <b>United States</b>                                                                                                            |  |
| 13. FATHER'S NAME <b>William Hilary Callaway</b>                                                                                                                                                                                                                                                                                                                                  |  | 14. MOTHER'S MAIDEN NAME <b>Josephine Patter</b>                                                                                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)                                                                                                                                                                                                                                                                |  | 16. SOCIAL SECURITY NO. <b>None</b>                                                                                                            |  |
| 17. INFORMANT <b>Mrs. Carl Ehlers by</b>                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>94% Cardiac Infarction</b><br>DUE TO (b) <b>Old age &amp; Coronary Sclerosis</b><br>DUE TO (c) <b>15-</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |  |                                                                                                                                                |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                         |  |                                                                                                                                                |  |
| 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury, time, place, or both of them)                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                |  |
| 20c. TIME OF INJURY Hour <b>4:30 p.m.</b> Month <b>Sept</b> Day <b>6</b> Year <b>1960</b>                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                 |  |                                                                                                                                                |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>39 of 46</b>                                                                                                                                                                                                                                                                       |  |                                                                                                                                                |  |
| 20f. CITY, TOWN, OR LOCATION <b>Palacios</b> COUNTY <b>Matagorda</b> STATE <b>Texas</b>                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                |  |
| 21. I hereby certify that I attended the deceased from <b>Sept 6</b> 19 <b>60</b> to <b>Sept 6</b> 19 <b>60</b> and last saw the deceased alive on <b>Sept 6</b> 19 <b>60</b> at <b>12:30</b> on the data stated above, and to the best of my knowledge, from the causes stated.                                                                                                  |  |                                                                                                                                                |  |
| 22a. SIGNATURE <b>E. J. B. O. [Signature]</b> (Degree or title) <b>MD</b>                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                |  |
| 22b. ADDRESS <b>320 Main Street-Palacios, Tex.</b>                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                |  |
| 22c. DATE SIGNED <b>9/8/1960</b>                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                |  |
| 23b. DATE <b>9/8/1960</b>                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                |  |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Palacios Cemetery</b>                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                |  |
| 23d. LOCATION (City, town, or county) <b>Palacios Matagorda Texas</b>                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                |  |
| 23e. REGISTRAR'S FILE NO. <b>5</b>                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                |  |
| 23f. DATE REC'D BY LOCAL REGISTRAR <b>9-17-60</b>                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                |  |
| 23g. REGISTRAR'S SIGNATURE <b>Paul [Signature]</b>                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                |  |

VS-112, REV. 1/58

TX death record of mother Mary Elizabeth Callaway Martin -

[https://www.ancestry.com/imageviewer/collections/2272/images/40394\\_b062577-03383?pid=23225411](https://www.ancestry.com/imageviewer/collections/2272/images/40394_b062577-03383?pid=23225411)

## Mrs. J. M. Martin

Advocate News Service

**PALACIOS** — Funeral services for Mrs. J. M. Martin, 92, former resident of Nursery and mother of Mrs. Frances Evans of Victoria, were conducted last Thursday at First Methodist Church. Burial was in Palacios Cemetery.

A native of Cumberland County, Ky., Mrs. Martin was a daughter of the late Rev. and Mrs. Jim Callaway. She came to Texas in her teens and lived first at Central and later at Nursery before moving to Palacios 50 years ago.

Surviving besides her daughter in Victoria is another daughter, Mrs. Carl Ehlers of Palacios, in whose home she died last Wednesday; a son, Leon Martin of San Antonio; several grandchildren, including Mrs. Charles Sitterle and Mrs. James Reuter of Victoria, and numerous great-grandchildren.

Obituary of mother Mary Elizabeth Callaway Martin – "Victoria (TX) Advocate" Tuesday 13 Sep 1960  
p 10

Wife:

### **PALACIOS.**

Mrs. Leon Martin, who has been visiting for the past three weeks at the Martin home, was accompanied to her home in San Antonio by her sister-in-law, Miss Mildred Martin, Thursday morning. While there Miss Martin will attend the carnival of flowers.

"Galveston (TX) Daily News" Sunday 16 Apr 1922 p 15

Siblings:

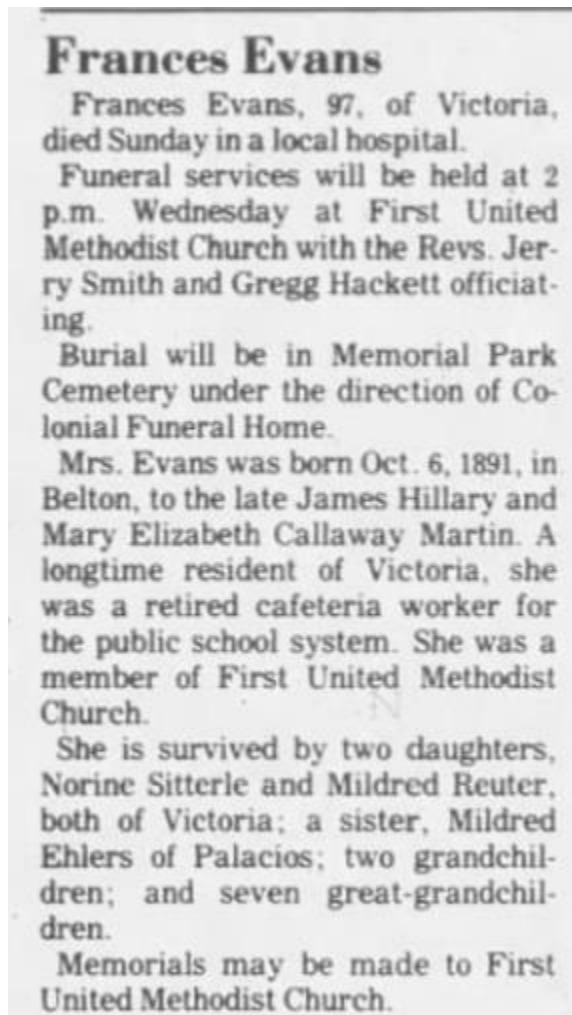


Sister Ira Martin on her wedding day, with Cephas/Cephal Haynes -

<https://www.ancestry.com/mediaui-viewer/tree/5932067/person/6164002975/media/14c99fec-b853-4438-ad0d-4ad7d56851d5>



Brother James Hillary Martin in center, with wife Lucile Dursana Tansil on left of photo & Lucile's sister Alice on far right - <https://www.ancestry.com/mediaui-viewer/tree/5932067/person/6165003641/media/d61d34e6-6f75-49ff-9ee3-c77f45734026>



Obituary of sister Frances Martin Evans (1891-1989) – “Victoria (TX) Advocate” Tuesday 4 Jul 1989 p

## **DUCK HUNTER KILLED BY ACCIDENTAL SHOT**

**BAY CITY, Nov. 11.—W. H. Martin** of Bay City was killed accidentally today when the gun of Buck Blaylock, a companion, was discharged after the trigger had caught in vines as the men were duck hunting 15 miles southeast of here. The charge struck Martin in the head.

The deceased is survived by his wife.

Hunting accident death of brother Walter Harper Martin on 11 Nov 1929 – “Fort Worth (TX) Star-Telegram” Tuesday 12 Nov 1929 p 3

## MAN ACCIDENTALLY SLAIN AT BAY CITY LIVED AT NURSERY

W. H. Martin, 35, who was accidentally killed by his companion, Buck Blaylock, while shooting ducks at a pond eight miles southeast of Bay City early Monday morning, was the nephew of Mrs. H. G. King of this city.

Mrs. King, accompanied by her mother, Mrs. H. Callaway, and brother, Rev. J. C. Callaway of Nursery, left that night by the way of Placedo for Palacios, where the funeral was held.

Mr. Martin is survived by his wife, one little son, his father and mother, Mr. and Mrs. James Martin of Palacios, two brothers, two sisters and his aged grandmother, who makes her home with Mrs. King of this city.

The Martin family lived for many years near Nursery, where Mr. Martin had many friends who will be grieved to hear of his tragic death.

**MILDRED EHLERS**

**PALACIOS** — Mildred Lena Martin Ehlers, 92, of Palacios died Thursday, Feb. 29, 1996.

She was born May 19, 1903, in Nursery to the late James Meredith and Mary Elizabeth Callaway Martin. She was one of the first telephone operators in Palacios and later worked as operator in Bay City and San Antonio. She was a receptionist for Friends of Elder Citizens and taught crafts at the Senior Center for many years. Mrs. Ehlers was a member of Library Board, Girl Scout Council and Athena Club and she was a Sunday School teacher. She was chosen Outstanding Senior Citizens for the State of Texas and was selected Woman of the Year by Palacios Chamber of Commerce.

Survivors: daughter, Carla Diane Edge of Robstown; five grandchildren and three great-grandchildren.

Preceded in death by: husband, Carl Rudolph Ehlers; sisters, Ira Martin Haynes and Frances Martin Evans and brothers, James Meredith Martin, Leon Simpson Martin and Walter Harper Martin.

Services will be 10 a.m. Monday at First United Methodist Church in Palacios, the Revs. Clifford C. Edge and Ross Taylor officiating.

Burial will be at Palacios Cemetery, Taylor Brothers Funeral Home, Palacios, 972-2012.

**Name: Leon Samuel Martin**

Name variations: L.S. Martin

Military:

On Tuscania: 100th Aero Squadron, 2nd Squad - private

Serial number: 249,893

Entered service from: Palacios, Matagorda TX

Sailed on "Tuscania" as: Leon S. Martin

Next-of-kin on "Tuscania": father J.M. Martin, Palacios TX

Returned from war on: "Louisville" May 1919

Sailed on return ship as: Leon S. Martin

Next-of-kin on return ship & rank: father James M. Martin, Palacios TX (chauffeur, 100th Aero Sq)

World War I draft registration (1917): as L.S. Martin - b. 7 Dec 1894 Victoria TX; res: Palacios, Matagorda TX. Single. Laundry man, by self, Palacios TX. Dependent father & mother. Claimed exemption from draft: "support of parents." – tall in height, medium build. Registrar adds note: "The applicant does not support his father and mother."

National Tuscania Survivors Association (1939): Palacios TX

World War II draft registration (1942): as Leon Samuel Martin - b. 7 Dec 1893 Victoria TX; res: 426 Bailey, San Antonio, Bexar TX. NOK Mrs. L.S. Martin, same address. Employed in Engineering Department, Ass. Unit, Duncan Field, Bexar TX. Card is signed L.S. Martin. Height: 5'11" – 165 lbs.

## Veterans Administration Military Index:

Enlisted: 20 Aug 1917

Discharged: 18 Jun 1919

Address: 711 W. French Place, San Antonio TX

Rank/unit: chauffeur, 100<sup>th</sup> Aero Squadron

## TX, WWI military record:

Leon S. Martin, serial 249893. Resident of Palacios, Matagorda TX. Born Victoria TX. Enlisted in the Army at Fort Houston TX on 20 Aug 1917 at age 23 years, 9 months. In 101<sup>st</sup> Aero Squadron, Signal C to 17 Sep 1917 – in 100<sup>th</sup> Aero Squadron to discharge. Promoted to chauffeur 22 Oct 1918.

Overseas 24 Jan 1918 to 31 May 1919. Discharged 18 Jun 1919. 0% disabled.

Birth & death:

Born: 7 Dec 1893 (SSDI) or 7 Dec 1894 (TX military records) Victoria, Victoria TX

Died: 9 Jun 1977 San Antonio, Bexar TX (Northeast Baptist Hospital)

Find A Grave record: 154167442 – presence on Tuscania indicated in text

Burial location: San Antonio, Bexar TX

Cemetery: Mission Burial Park South

Tombstone:

Father: James Meredith Martin, 25 Jul 1856 KY – 30 Mar 1932 Palacios, Matagorda TX. Son of James L. Martin & Francis Jane (Fannie) Tarpley Martin Rivers. Buried in Palacios Cemetery, Palacios, Matagorda TX.

Find A Grave: 145437933

Mother: Mary Elizabeth (Molly/Mollie) Callaway Martin, 10 Jul 1868 Dutch Creek, Cumberland KY – 7 Sep 1960 Palacios, Matagorda TX. Daughter of William Hillary Callaway (1840-1924) & Josephine (Josie) Rosine Patterson (1846-1932). Buried in Palacios Cemetery, Palacios, Matagorda TX.

Find A Grave: 154167251

Parents' marriage:

Spouse: Olivia Conrads Martin, 25 Jul 1896 Bexar Co. TX – 5 Dec 1983 San Antonio, Bexar TX.  
Daughter of Otto Daniel Conrads & Wilhelmina Kate Rippstein. Buried in Mission Burial Park South, San Antonio, Bexar TX.

Spouse Find A Grave: 176874738

Marriage: 12 Jun 1924 Bexar Co. TX. (Records are sketchy and cannot find this record linked to Leon. A "Leon S. Martin" is also listed as marrying (no bride's names given) on 5 Oct 1921 & 18 Jan 1922, both in Bexar Co. TX.)

Children:

Siblings: Leon Samuel was the 4<sup>th</sup> child.

- Ira Martin Haynes, 12 Feb 1888 TX – 18 Aug 1920 Bay City, Matagorda TX. Wife of Cephas/Cephal Haynes (1881-1956, F: 148138003), whom she married 15 Nov 1906 in Nursery, Victoria TX. His name, according to his Find A Grave record, has two spellings on official records. Cephas/Cephal married again, in 1922, to Mabel Billings (1892-1968). Buried in Palacios Cemetery, Palacios, Matagorda TX. F: 144855082
- James Hillary/Hilry Martin, 7 Dec 1889 Bell Co. TX – 25 Oct 1945 San Antonio, Bexar TX. Married on 2 Mar 1913 in Matagorda Co. TX to Lucile Dursana Tansil (1892-1956, F: 228840544). – When he registered for the WWI draft, he listed a wife & 1 child & was a druggist in San Antonio TX. - Buried in Mission Burial Park South, San Antonio, Bexar TX. F: 154167326
- Frances Martin Evans, 6 Oct 1891 Belton, Bell TX – 2 Jul 1989 Victoria, Victoria TX. Wife of William Henry Evans (1891-1937, F: 98816939). Has been confused in Ancestry.com & Find A Grave with a man named Frank Martin (F: 10395269). Buried in Memorial Park Cemetery, Victoria, Victoria TX. F: 98817044
- Walter Harper (W.H.) Martin, 22 Feb 1897 TX – 11 Nov 1929 Bay City, Matagorda TX. Killed by an accidental gunshot from his duck-hunting partner, Buck Blaylock, when the gun's trigger was caught by vines while they were hunting 15 miles southeast of Bay City TX. W.H. was struck in the head. One obituary says he was survived by a wife, the other by a wife & little son. His TX death record lists cause of death as: "accidental gun shot wounds" & lists his wife as Mary Martha Martin. Buried in Palacios Cemetery, Palacios, Matagorda TX. F: 145437946
- Mildred Lena Martin Ehlers, 19 May 1903 Nursery, Victoria TX – 29 Feb 1966 Palacios, Matagorda TX. Wife of Carl Rudolph Ehlers (1906-1962, F: 144470666). Buried in Palacios Cemetery, Palacios, Matagorda TX. F: 144470687

Notes:

Pre-war:

1917 San Antonio TX city directory: his future wife & her family members  
Conrads

Leo, clerk, GH & SA, resident of 2012 Virginia Blvd.

Oliva, clerk, Conness Realty Co., resident of 2012 Virginia Blvd.

Oswald, clerk, SAP, resident of 2012 Virginia Blvd.  
 Otto (Minnie), painter, resident of 2012 Virginia Blvd.

#### Wartime:

"Houston (TX) Post" Sunday 19 Aug 1917 p 14 – at the US Army Station, Binz Building, Houston TX, -  
 "Saturday's Recruits in Houston District" included Leon S. Martin of Palacios TX.

"La Meschabebe" (Bonne Carre LA) Saturday 16 Feb 1918 p 1 – among the Texans rescued from  
 Tuscania: Leo S. Martin, Palacios TX.

#### Post-war:

1927 San Antonio TX city directory:  
 Martin, Leon S. (Olivia), proprietor, Community Pharmacy, resident of 1910 Virginia Blvd.

#### Obituary:

"San Antonio (TX) Express" 10 Jun 1977 p 35 - Leon S. Martin, age 83, res: 426 Bailey Ave., San  
 Antonio, survived by wife Olivia (Conrads) & 2 sisters. Funeral 11 Jun 1977, burial Mission Burial  
 Park

Social Security number: 459-34-3432

#### Censuses:

1900 Justice Precinct 5, Victoria Co. TX

Jas. M. Martin, 34 KY, Jul 1865, parents b. VA, married 13 years, nursery laborer  
 Mollie E., 31 KY, Jul 1868, parents b. NC, gave birth to 5 children, 5 are living  
 Ira M., 12 TX, Feb 1888 [daughter]  
 Jas. H., 10 TX, Dec 1889 [son – James Hillary]  
 Frank J., 8 TX, Oct 1891 [misidentified as son, but is daughter Frances]  
 Samuel L., 6 TX, Jan 1893 [son – Frank Samuel]  
 Hooper W., 3 TX, Jan 1897 [son – Walter Harper]

1910 Justice Precinct 7, Matagorda Co. TX

James M. Martin, 45 KY, father b. KY, mother b. VA, in 1<sup>st</sup> marriage, married 23 years, teamster,  
 general hauling  
 Mollie, 41 KY, parents b. NC, in 1<sup>st</sup> marriage, gave birth to 6 children, 6 are living  
 James, 20 TX, salesman, drug store  
 Francis, 18 TX [here identified as daughter]  
 Leon, 16 TX  
 Harper, 13 TX, driver, butcher wagon  
 The previous census entry is for Mollie's parents, William H. & Josephine R. Callaway.

1930 San Antonio, Bexar TX – 1910 Virginia Blvd. – living with in-laws

Otto Conrads, 69 TX, parents b. Germany, age 26 at 1<sup>st</sup> marriage paper hanger, house  
 Minnie Conrads, 64 TX, parents b. Germany, age 21 at 1<sup>st</sup> marriage [wife]

Ruth Conrads, 23 TX, parents b. TX, single, stenographer, lawyer office [daughter]

Clarence Conrads, 22 TX, parents b. TX, clerk, security company [son]

Leon S. Martin, 32 TX, parents b. TX, married, age 27 at 1<sup>st</sup> marriage, salesman, oil station, answers “no” to “are you a veteran?” – but the answer “no” is recorded for every man on this page so perhaps the question wasn’t asked? [son-in-law]

Olive Martin, 30 TX, parents b. TX, married, age 25 at 1<sup>st</sup> marriage, bookkeeper, insurance company [daughter]

1940 San Antonio, Bexar TX – 426 Bailey – same house in 1935

Leon S. Martin, 46 TX, mechanic, government

Olivia, 43 TX