

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

Do not use this space.

2036-1

1. PLACE OF DEATH

County..... Pemiscot Registration District No. 656
Township..... Holland Primary Registration District No. 6281
City..... Holland (No., St. Ward)

2. FULL NAME Clara White Martin

(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 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clellie Clyde Martin				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug., 15, 1908				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	19	5	7	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 141			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN) Holland, Mo., (STATE OR COUNTRY)				
FATHER	13. NAME Starling White			
	14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Frankie Slayton			
	16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)			
17. INFORMANT Clellie Clyde Martin (ADDRESS) Holland, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman DATE 1/23/35 19.....				
19. UNDERTAKER Friends (ADDRESS)				
20. FILED 19..... <p align="right">Registrar.</p>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan., 22, 1923

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Died at childbirth

(Dr. Warren Smith, deceased attending)

Other contributory causes of importance:
None

Name of operation **none** 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? **none**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

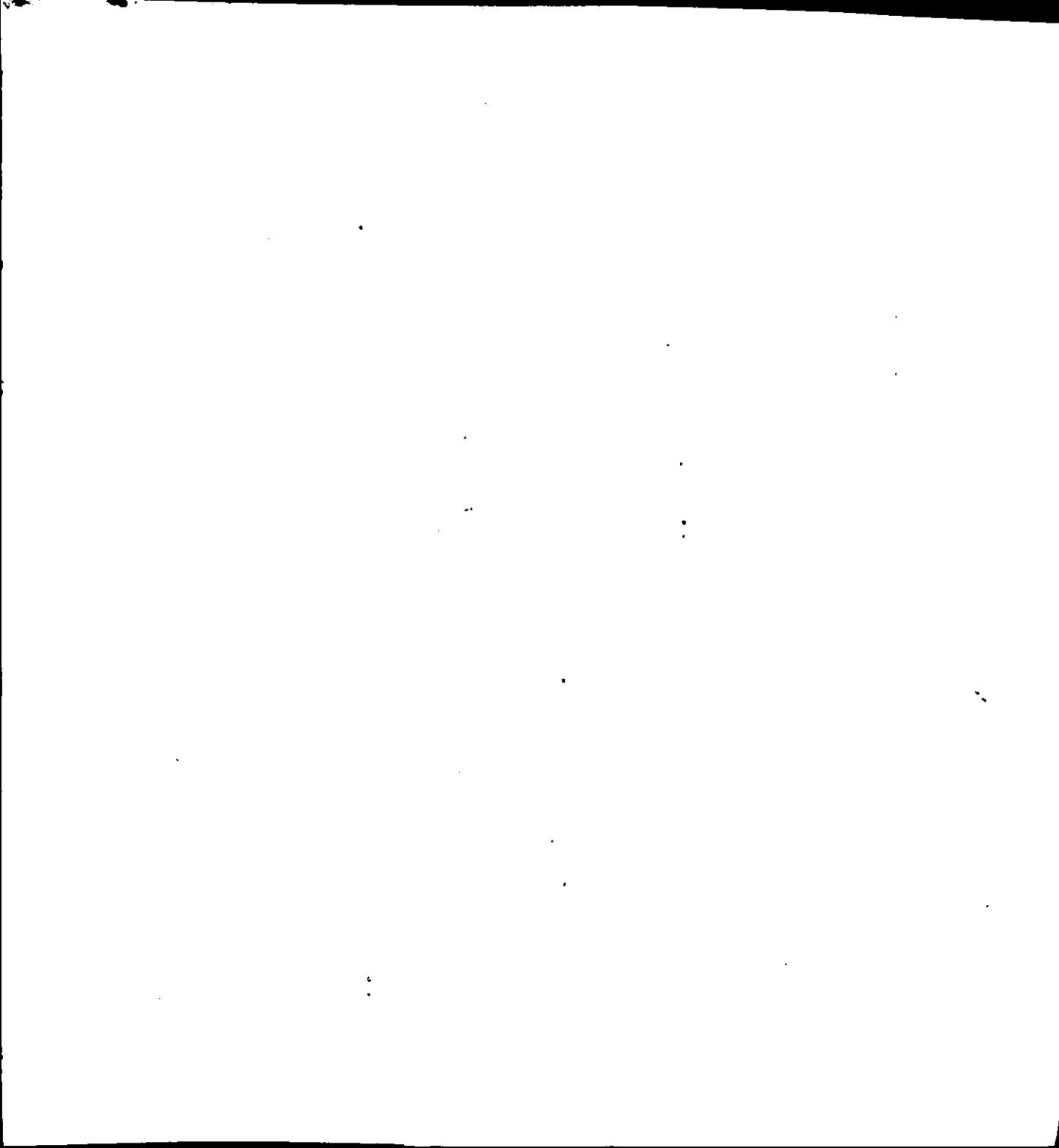
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Clellie Clyde Martin
(Address) Holland, Mo. (HUSBAND)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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