

JUL 25 1927 10

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

Do not use this space.

17564

1. PLACE OF DEATH

County Cochran

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. State Hospital NO. 2)

File No. _____

Registered No. 599

St. _____ Ward) _____

2. FULL NAME Johanna Martin

(a) Residence, No. _____ St., _____ Ward. Chillicothe, MO.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16, 1866.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Michael Hickey

(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Catherine Connor

(STATE OR COUNTRY) Ireland

14. INFORMANT Thos. Jones

Address Davis, Mo.

15. FILED 1927 John G. [Signature]

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 30th, 1927, to June 7th, 1927, that I last saw h.c.r. alive on June 7th, 1927, and that death occurred, on the date stated above, at 3:40 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
(Quarantined)

31 (duration) yrs. mos. da.

CONTRIBUTORY Senile Dementia (SECONDARY) (duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) C. H. [Signature], M. D.

June 7, 1927 St. Joseph, Mo. 2

*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 DATE OF BURIAL

Chillicothe, Missouri.

June 8 1927

20. UNDERTAKER

H. C. [Signature] 1802 Union Str

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.

