

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

Do not use this space.

SEP 26 1927

23708

**1. PLACE OF DEATH**

County..... **Buchanan**  
 Township.....  
 City..... **St. Joseph,**

Registration District No. **85**  
 Primary Registration District No. **1001**  
 (No. **Missouri Methodist Hosp.**)

File No.....  
 Registered No. **176**  
 St. .... Ward)

**2. FULL NAME**

**Amelia Martin**

(a) Residence. No. **806 So. 22nd. St.** St. .... Ward. ....  
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **59** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct, 24, 1867**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>59</b>	<b>10</b>	<b>6</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... **At Home.**  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... **St. Joseph, Mo.**  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Jacob Martin**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **Switzerland**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Elizabeth Kaseman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **Switzerland**  
 (STATE OR COUNTRY)

14. INDEMNANT **Mrs. Frank Welty**  
 Address **806 So. 22nd. St.**

15. FILED..... 19..... **John G. Webb** REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug, 30, 1927** 19

HEREBY CERTIFY, That I attended deceased from **July 1**, 1927, to **Aug 30**, 1927 that I last saw him alive on **30 Aug.**, 1927 and that death occurred, on the date stated above, at **2:30 P.M.** m.

THE CAUSE OF DEATH WAS AS FOLLOWS

**Cancer of Liver**

CONTRIBUTORY (SECONDARY) **446 Gall Stones** (duration) **4** yrs. **4** mos. **4** ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Aug 22, 1927**

WAS THERE AN AUTOPSY? **NO**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**

(Signed) **M. S. Gray**, M. D.

**Aug 31, 1927** (Address) **Kirkpatrick Bldg.**

\*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 **Ashland Cemetery** DATE OF BURIAL **Sept, 2, 1927**

20. UNDERTAKER **Walter Meichoffer** ADDRESS **1302 Faraon St.**

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.

