

MAY 28 1928

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

Do not use this space.

12443

N. B. - 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.

1. PLACE OF DEATH
 County Butler Registration District No. 89 File No. _____
 Township _____ Primary Registration District No. 3007 Registered No. 87
 City Poylton Bluffs St. _____ Ward _____

2. FULL NAME George Ann Martin
 (a) Residence No. 1200 Cole 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 F 4. COLOR OR RACE C- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. H. Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1869

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>1</u>	<u>23</u>	

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; STATE OR COUNTRY) Humboldt, Tenn.

PARENTS

10. NAME OF FATHER Geo. B. Blue

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Humboldt, Tenn.

12. MAIDEN NAME OF MOTHER Mary Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Humboldt, Tenn.

14. INFORMANT Pearl Martin
 (Address) Poylton Bluffs

15. FILED 4/27 19. 28 Dr. B. J. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/5 19 28

17. I HEREBY CERTIFY, That I attended deceased from 4-1-28, 1928, to 4-5, 1928, that I last saw him alive on 4-5, 1928, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
107H (duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. _____

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? Phys. Exam
 (Signed) Dr. W. M. Blue, M. D.
 (Address) Poylton Bluffs

*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 City Cemetery DATE OF BURIAL 4/9 19 28

20. UNDERTAKER Franc. Und. Co. Poylton Bluffs ADDRESS _____

ON the 1st day of June 1964

STATE OF TEXAS
COUNTY OF DALLAS

FILE NO. 12345
JUN 1 1964

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Butler Registration District No. 89 File No.
 Township Primary Registration District No. 3007 Registered No. 87
 City Poplar Bluff (No.) St. Ward)

2. FULL NAME

George Ann 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 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 B 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 7/3 28 Dr B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-5-1928

17.

I HEREBY CERTIFY That I attended deceased from

....., 19....., and that (that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Pneumonia
 (duration) yrs. mos. 3 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)....., M. D.

, 19 (Address)

*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

19

20. UNDERTAKER

ADDRESS

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGI

Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION IS VERY IMPORTANT

CAUTION

FILED WITH ORIGINAL

SUPPLEMENTARY

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1.9 7.5

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