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

Do not use this space.

1881

1. PLACE OF DEATH

County Jackson   Registration District No. 399   File No. 474

Township Kaw   Primary Registration District No. 1002   Registered No. 474

City Kansas City (No. 3218 Gilham Road St. ______ Ward)

2. FULL NAME Mrs Levina Olive Martin

(a) Residence. No. 3218 Gilham Road St. Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: female / 4. COLOR OR RACE: white / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow	16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1929 — Tuesday
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Smith Giles Martin deceased	17. Deputy Coroner. I HEREBY CERTIFY, That I attended deceased from ______, 19___, to ______, 19___, that I last saw h___ alive on ______, 19___, and that death occurred, on the date stated above, at 1 A.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21-1851	THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic myocarditis
7. AGE: Years 77, Months 10, Days 8. If LESS than 1 day, ___ hrs. or ___ min.	(duration) ___ yrs. ___ mos. ___ ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Home. (b) General nature of industry, business, or establishment in which employed (or employer): mother. (c) Name of employer	CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis (duration) ___ yrs. ___ mos. ___ ds.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitesville Mo.	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER Unknown Harris	DID AN OPERATION PRECEDE DEATH? no. DATE OF ___
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.	WAS THERE AN AUTOPSY? no
12. MAIDEN NAME OF MOTHER Unknown	WHAT TEST CONFIRMED DIAGNOSIS? history & inspection
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U.S.	(Signed) Stanley McHale, M.D. 1/29, 1929 (Address) Deputy Coroner
14. INFORMANT Smith Giles Martin (Address) 3218 Gilham Road	*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.
15. FILED 1-30, 1929 M M Crowe Asst REGISTRAR	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holton Kas — DATE OF BURIAL Jan 31 1929
	20. UNDERTAKER Eylar Funeral Home — ADDRESS 1800 Linwood

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.