

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

Do not use this space.

9078

MAR 27 1929

1. PLACE OF DEATH

County Saline Registration District No. 795
 Township Grand Pass Primary Registration District No. 4476
 City Malta Bend (No. St. Ward)

File No.
 Registered No. 4

2. FULL NAME

Mary Hanna 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 4

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)

(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Samuel Martin

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

12. MAIDEN NAME OF MOTHER Martha Myers

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

14. INFORMANT Nancy E. Evers
 (Address) Malta Bend mo

15. FILED Feb 14 1929 Mrs. Mary Blackburn
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1929

17. 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 9..... a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
Apoplexy
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7/4/29
 (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

Mrs. Mary Blackburn Registrar
 (Signed) Mary Blackburn
 2-14-1929 (Address) Malta Bend

*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

Malta Bend Feb. 14 1929

20. UNDERTAKER L. R. Vandiner ADDRESS Marshall Ave.

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

29
2
2
2

Handwritten scribbles and marks, possibly initials or a signature.

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000