WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 25 1929

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

Do not use this space.

14470

1. PLACE OF DEATH

County Henry — Registration District No. 347 — File No. —
Township — Primary Registration District No. 3018 — Registered No. 65
City Clinton Mo (No. ... St., ... Ward)

2. FULL NAME Eva Neomer Martin

(a) Residence. No. Deepwater, Mo 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Homer Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4-1888

7. AGE 40 YEARS 4 MONTHS 14 DAYS — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED House Wife
(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) Maries County Mo

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elnora Blackwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Homer Martin
(Address) Deep Water Mo

FILED Apr. 19 1929 Dr. E. C. Peelor per J.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1929, to Apr 18, 1929, that I last saw her alive on Apr 18, 1929, and that death occurred, on the date stated above, at 10-30 P m.

THE CAUSE OF DEATH* was as follows:
Appendicitis endometritis Peritonitis and Mumps
(duration) 2 yrs. mos. ds.

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

18. Where was disease contracted if not at place of death? Henry Co Mo
Did an operation precede death? yes Date of Apr 4/29
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) M I Stebbins, M. D
, 19 (Address) Clinton Mo

*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 Maplewood Cemetery — DATE OF BURIAL Apr. 20 1929

20. UNDERTAKER Tom Hurst — ADDRESS Deepwater Mo.