

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

Do not use this space.

32028  
9058

**1. PLACE OF DEATH**

County..... Registration District No. 201  
Township..... Primary Registration District No. 10003  
City..... St. Louis, Mo. (No. Jewish Hospital)

File No.....  
Registered No. 9058  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Ruth Ella Martin

(a) Residence. No. \_\_\_\_\_ St., 12 Ward. Bridgeport, Ill.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	28	2	25	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Bridgeport, Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Charles Edward Martin  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Lexington Ohio.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Phroney Williamson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ridgeway, Ill.  
(STATE OR COUNTRY)

14. INFORMANT Charles Edward Martin  
(Address) Bridgeport, Ill.

15. FILED SEP - 9 1929 Wm C Starnes REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 2d, 1929, to Sept 7, 1929, that I last saw her alive on Sept 7, 1929, and that death occurred, on the date stated above, at 3:40 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Obstruction of 12 coverts from Post Operative Adhesion 9000 ago cause of Operation for what unknown  
12212 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Intestinal adhesions (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 118002  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 7, 29

20. WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Ellis Frankel, M. D.  
, 19 (Address) 400 Metropolitan 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Bridgeport, Ill DATE OF BURIAL 9 - 11. 19 29

22. UNDERTAKER Willis Knd Co ADDRESS Francisville Ill.

29-217

