

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City Paplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 5131

File No. 329
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Ida May Martin
(a) Residence, No. Paplar Bluff Mo RTD 4 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) Mar 7-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 10 -

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) Paplar Bluff
(STATE OR COUNTRY) Butler Co Mo

10. NAME OF FATHER Frank Martin

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

12. MAIDEN NAME OF MOTHER Pearl Wilton

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

14. INFORMANT Frank Martin
(Address) Paplar Bluff Mo RTD 4

15. FILED 1/7 1935 Do B J Clin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1929, to Jan 7, 1930, that I last saw her alive on Jan 5, 1930, and that death occurred, on the date stated above, at 12:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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10/18
Pneumonia
(duration) _____ yrs. _____ mos. 5 ds.
CONTRIBUTORY whooping cough
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH same
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. Restarwell, M. D.
1/7/1930 (Address) Paplar Bluff 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 Black Creek Cem. DATE OF BURIAL Jan 8 1930

20. UNDERTAKER Mr. P. Phelps ADDRESS Paplar Bluff Mo

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.

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PARENTS

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