

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

Do not use this space.

3102

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. Bertrand Blue & Cancer)

File No.....
Registered No. 592
St. (Ward)

2. FULL NAME

Anna Martin
(a) Residence. No. 4221 W Garfield St., 11 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aaron Martin</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 28 - 1888</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>41</u>	<u>4</u>	<u>22</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1911</u> (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Nashville Tenn.

PARENTS	10. NAME OF FATHER <u>James Eason</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	12. MAIDEN NAME OF MOTHER <u>Maggie Skute</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	

14. INFORMANT
(Address) Aaron Martin 4221 W Garfield

15. FILED JAN 18 1930 Wm C. Amick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15 1930
17. I HEREBY CERTIFY, That I attended deceased from 1-6 1930, to 1-15 1930, that I last saw her alive on 1-15 1930 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac failure following Hypertension ps arteriosclerosis
fibroids (duration) 0 yrs. 0 mos. 1 ds.
CONTRIBUTORY non Malignant (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
at home
IF NOT A PLACE OF DEATH... DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/10/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Louis H. Dorst, M. D.
1/18 1930 (Address) 3427 Washington

*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 Father Dickson DATE OF BURIAL 1/18 1930
20. UNDERTAKER Sater ADDRESS 4707 Finney

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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