APR 30 1930

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

Do not use this space.

9352

1. PLACE OF DEATH
County Lewis — Registration District No. 479 — File No.
Township La Belle — Primary Registration District No. 4288 — Registered No.
City La Belle (No. ..... St. ..... Ward)

2. FULL NAME Mary Ellen Martin
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow. Presley W. Martin
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25 - 1848
7. AGE: Years 81 — Months 2 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co. Mo.

PARENTS
10. NAME OF FATHER: Moses Hawkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Martha Blair
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Mrs Rosa Mitchel
(Address) La Belle Mo
15. FILED 3/22, 1930 J L Bourn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 21 1930
17. I HEREBY CERTIFY, That I attended deceased from 10 of February, 1930, to March 21, 1930 that I last saw her alive on March 21, 1930, and that death occurred, on the date stated above, at 4:15 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
senealty and valuetor
Insufficiency of the heart
(duration) ..... yrs. ..... mos. 41 ds.
CONTRIBUTORY (SECONDARY): Pioreah in guns and teath
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. L. Coster M.D.
, 19 (Address) La Belle 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: La Belle Cemetery — DATE OF BURIAL: 3/23 1930
20. UNDERTAKER: La Belle Mo James T. Coder — ADDRESS: La Belle Mo.