

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

Do not use this space.

31153

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 302
St. _____ Ward _____

2. FULL NAME Charlotte Martin

(a) Residence, No. 229 N. Roland St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. 0 mos. 9 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 (widow)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan M. Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 - 1853

OCCUPATION	7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>78</u>	<u>5</u>	<u>19</u>	<u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chambersburg Pa.

FATHER
13. NAME Jacob Bolger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Sarah Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Agnes K. Martin
229 N. Roland

18. BURIAL, CREMATION OR REMOVAL PLACE St. Washington DATE Sept 11 1931

19. UNDERTAKER (ADDRESS) J. G. Mitchell
Independence Mo

20. FILED Sept 11 1931 J. C. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Sept 9, 1931.
I last saw him alive on Sept 8, 1931. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

apoplexy
82A
107 bed fast for 9 mo
Other contributory causes of importance: Chronic Bronchitis
Date of onset 1929

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify J. G. Hickenom
(Signed) _____, M. D.
(Address) Independence 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.

OCT 23 1931

WHITE PLAIN, WITH WRAPPING UNDER THIS IS A VITAL RECORD

