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

Do not use this space.

42665

File No. 12583

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 7821

Township ..... Primary Registration District No. 5001

City St Louis (No. ....., Barnes Hospital St. ..... Ward)

2. FULL NAME Mary Etta Martin

(a) Residence. No. 437 N. 27th St., 12 Ward. East St. Louis, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 4, 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	29	8	17	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wolf Lake,
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER James Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Cora Reid
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT T. E. Martin
(Address) 437 N. 27th St.

15. DEC 21 1931 Lisa C. Farrell
FILED ..... 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21, 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-19, 1931, to 12-21, 1931, that I last saw h. alive on 12-21-, 1931, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Leukemia, chronic
12 Anemia
7 1B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. R. Bradley, M. D.

12-21, 1931 (Address) Barnes Hospital

*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	DATE OF BURIAL
East St. Louis, Ill.	Dec. 22 1931

20. UNDERTAKER	ADDRESS
Burrus Undertaking Co.	East St. Louis Illinois

V. R. Vogt - Sec

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD