

Barre

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

Do not use this space.

3 PM 730

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Springfield Primary Registration District No. 2001  
 5 City Springfield (No. 727 E Dale) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs Lillian May Martin  
 (a) Residence, No. 727 E Dale St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 30 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 Widow (writes the word)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1854  
 7. AGE YEARS 77 MONTHS 8 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Mother  
 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) Adrian (STATE OR COUNTRY) Michigan  
 13. NAME John Guston Clark  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) New York  
 15. MAIDEN NAME Louise Adney  
 16. BIRTHPLACE (CITY OR TOWN) New York City (STATE OR COUNTRY) N.Y.  
 17. INFORMANT Mrs Elsie Hagedorn (ADDRESS) 727 E Dale  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Jan 5 1932  
 19. UNDERTAKER J. C. Thieme (ADDRESS) 1100 Beville  
 20. FILED 1-4 1932 John S. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1931 to Jan 1 1932  
 I last saw her alive on Jan 1 1932. Death is said to have occurred on the date stated above, at 8:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Stroke  
80A 8 12 00  
 Other contributory causes of importance: X  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. S. Sawyer, M. D.  
 (Address) 700 E. 12th St. Springfield

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.

FEB 24 1932

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

517