Dr. W.

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

Do not use this space.

40712

~~[illegible]~~

File No.

Registered No. 72

1. PLACE OF DEATH

67 County Mississippi — Registration District No. 567

Township St. James — Primary Registration District No. 5763

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Bertha May 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
14	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Mo. 1

FATHER

13. NAME Ulysses Austin Martin.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER

15. MAIDEN NAME Nora Myers.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Ulysses Austin Martin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE 12/21 1932

19. UNDERTAKER (ADDRESS) Travis Shelby, East Prairie Mo.

20. FILED Dec 20 1932 Duff M Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 20, 1932

I last saw her alive on Dec 20, 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Influenza — 11A 10%

Date of onset: abt Dec 1932

Other contributory causes of importance: Labar Pneumonia

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) George W. Whitaker, M. D.

(Address) East Prairie Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2