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

Do not use this space.

9786

File No.

Registered No. 1290

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Blue Primary Registration District No. 3002
City K.C. Mo. (No. Leeds Sta. 1/2 Hi Hope St. Ward)

2. FULL NAME Martinez Mrs. Maggie

(a) Residence, No. 624 Winchester St., Ward.
(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*)
F.	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 5 - 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 yrs.
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) Mexico Sweet Springs Mo.

FATHER
13. NAME Jas Harmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Josephine Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) K.C. T.B. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 3-23 1933

19. UNDERTAKER (ADDRESS) Lusk + Lobin

20. FILED 3-24 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1933

22. I HEREBY CERTIFY, That I attended deceased from July 23 1932 to March 12 1933
I last saw h alive on 3/13/33 1933. Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10 mos
Spontaneous Pneumothorax	2 days

Other contributory causes of importance: 23

Name of operation None Date of
What test confirmed diagnosis? Post mortem Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Buckingham M.D.
(Address) 1 Ward Pkwy. K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1410 S Union
Chicago, Ill

925 Cambridge