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

Do not use this space.
13621

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411 — File No.: 154
Township: — Primary Registration District No.: 2202 — Registered No.:
City: Joplin (No. 2115, Grand St. Ward)

2. FULL NAME: Anna Bell Martin
(a) Residence, No. 2115 Grand St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. 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 (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1, 1868

7. AGE: Years 65 — Months 3 — Days 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Bedford County, Tenn

FATHER
13. NAME: Logan Darnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mrs Geo Douglas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sagamore Cem DATE: April 13, 1933

19. UNDERTAKER (ADDRESS): Lanpher Mortuary, Joplin, Missouri

20. FILED: 4/11, 1933 — Edward Clark, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1933, to Apr. 9, 1933
I last saw her alive on Apr. 9, 1933. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	3/3/33
11 B	
130	

Other contributory causes of importance: Influenza

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?
If so, specify
(Signed) W. H. Brookshire, M. D.
(Address) Frisco Bldg.,

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.

MAY 22 1933