

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

Do not use this space.

28783

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 884
 City St. Joseph, Mo. (No. Sister's Hospital) St. _____ Ward _____

2. FULL NAME Annie Martin

(a) Residence, No. 2108 South 4th 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 3 25

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Blaine Martin
 (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE Sept. 5, 1933

19. UNDERTAKER Fleeman Mortuary, Inc.
 (ADDRESS) St. Joseph, Mo.

20. FILED 9-5-33 19 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 to Sept 2, 1933

I last saw her alive on Sept 2, 1933. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

apoplexy
34
Sept. 2
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. 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? No
 If so, specify _____
 (Signed) Monte Vandegon, M. D.
 (Address) Compleser Bldg.

OCT 20 1933

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The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, regarding
 the land owned by the United States in the State of California.
 The land is located in the County of [County Name], State of
 California, and is situated in the [Township Name] Township, [Range Name]
 Range, [Section Name] Section, [T1S, R1E, S1E] T1S, R1E, S1E.
 The land is described as follows: [Detailed description of the land, including
 acreage, boundaries, and any other relevant information.]
 The land is owned by the United States and is held in trust for the
 benefit of the [Beneficiary Name]. The land is subject to the
 provisions of the [Relevant Law/Act].
 The land is located in the [Township Name] Township, [Range Name]
 Range, [Section Name] Section, [T1S, R1E, S1E] T1S, R1E, S1E.
 The land is described as follows: [Detailed description of the land, including
 acreage, boundaries, and any other relevant information.]
 The land is owned by the United States and is held in trust for the
 benefit of the [Beneficiary Name]. The land is subject to the
 provisions of the [Relevant Law/Act].
 The land is located in the [Township Name] Township, [Range Name]
 Range, [Section Name] Section, [T1S, R1E, S1E] T1S, R1E, S1E.
 The land is described as follows: [Detailed description of the land, including
 acreage, boundaries, and any other relevant information.]
 The land is owned by the United States and is held in trust for the
 benefit of the [Beneficiary Name]. The land is subject to the
 provisions of the [Relevant Law/Act].

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No.)

File No. 28783

Registered No. 884

St. Ward

2. FULL NAME Amie Martin

(a) Residence, No. 2103 So 4th St., Ward.

(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

998 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1879

to have occurred on the date stated above, at..... m.

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

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
Seph. Test.
Glossoma + 4
me

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 4/2/34 John R. Kender Registrar

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) Frank Hardigon M. D.
(Address) St. Joseph, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

5-28783