

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County **Pettis**Registration District No. **670**File No. **13816**Township **Death Creek**Primary Registration District No. **5896**

Registered No.

City **Beaman**(No. **RFD # 1**)

St. Ward

2. FULL NAME

Martha Ann Marlin

(a) Residence, No.

Beaman RFD # 1

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

F

4. COLOR OR RACE

W

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Thos. E. Marlin**

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

June 12 1863

7. AGE

70

YEARS

9

MONTHS

21

DAYS

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Mo.**

FATHER

13. NAME

Jas. R. Ellis14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Mo.**

MOTHER

15. MAIDEN NAME

Mary C Dillard16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Mo.**17. INFORMANT
(ADDRESS)**W. L. Marlin.
Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL

Ellis Cem.DATE **April 5****34**19. UNDERTAKER
(ADDRESS)**Gillespie Funeral Home
Sedalia Mo.**

20. FILED

Apr. 30, 1934

Registrar.

3

MEDICAL CERTIFICATE OF DEATH

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

April 3/34

19

22. I HEREBY CERTIFY, That I attended deceased from

April 319**34**, to **April 3**19**34**I last saw her alive on **April 3**, 19**34** Death is saidto have occurred on the date stated above, at **8 P. m.**

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

**Partial paralysis
Gen. debility**Date of onset
1933**Robert pneumonia about April 34****108**

Other contributory causes of importance:

820**162**

Name of operation

Date of

What test confirmed diagnosis? **none** 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)

C. P. Bartwright

M. D.

(Address)

Highlandville Mo

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.

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Handwritten notes in the middle right section.

Handwritten notes in the middle left section.

Handwritten notes at the bottom left.