

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

Do not use this space.

16196

1. PLACE OF DEATH

County Cooper Registration District No. 222 File No. 8
Township Pilot Grove Primary Registration District No. 4135 Registered No. _____
City Boonville (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Ann Martin
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 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
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Martin

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Covington (STATE OR COUNTRY) Kentucky

13. NAME Christopher M. Martin

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

15. MAIDEN NAME Theresa Rudolph

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

17. INFORMANT (ADDRESS) Mrs. M. Matthews Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martin's Cem DATE May 4 1934

19. UNDERTAKER (ADDRESS) Raymond Stoecklein Pilot Grove Mo

20. FILED May 4 1934 Mrs. E. B. McAtcher Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934
22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1934, to May 2nd 1934
I last saw her alive on May 2nd 1934 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:
apoplexica
82A
100B
Other contributory causes of importance:
Large old haemorrhoid
ulcer

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? no
If so, specify _____

(Signed) C. H. Van Ralston, M. D.
(Address) Boonville 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.

JUN 30 1934

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