WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 13

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

Do not use this space.

File No. 23509
Registered No. 205

1. PLACE OF DEATH
County: Callaway — Registration District No. 104
Township: — Primary Registration District No. 3008
City: Fulton Mo (No. State Hosp No 1 St. Ward)

2. FULL NAME: Viola Martin
(a) Residence. No. St., Ward. Mamwood Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. 8 mos. 23 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 12, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co. Mo

PARENTS
10. NAME OF FATHER: David B. Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Della Jeffries
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co Mo

14. INFORMANT: Hospital Records
(Address)

15. FILED 7-27, 1934 R. N. Creus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July ~~13~~ 24 1934

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to July 24, 1934, that I last saw he alive on July 24, 1934, and that death occurred, on the date stated above, at 1:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Excessive heat
Heat stroke
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Epilepsy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Carl Starke, M. D.
, 19 (Address) Fulton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Kirkville, Mo	July 27 1934
20. UNDERTAKER: Leo H Wallace	ADDRESS: Fulton Mo