

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

Do not use this space.

18633

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township 49 Marshall Primary Registration District No. 6039
 City Shackelford, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 76

2. FULL NAME Emma J. Martin

(a) Residence, No. Shackelford, Mo. 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 H. B. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Lafayette Co. Mo.

13. NAME William F. Ash

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

15. MAIDEN NAME Fannie Stala

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mo.

17. INFORMANT Mr. H. B. Martin (ADDRESS) Shackelford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mo. DATE May 28, 1935

19. UNDERTAKER J. L. Burroughs (ADDRESS) Mayfield, Mo.

20. FILED May 28, 1935 Helena Weston Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1935

I HEREBY CERTIFY, That I attended deceased from _____, 1934 to May 26, 1935

I last saw her alive on May 20, 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:
Ch. Pul Tuberculosis Date of onset 1920

Other contributory causes of importance _____

Name of operation _____ 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? no Date of injury _____, 19____
 Where did injury occur? no (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) W. J. Harrison, M. D.

(Address) Shackelford, 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.

