

AUG 14 1935

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

Do not use this space.

22563  
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## 1. PLACE OF DEATH

30 County Dallas  
Township Grant  
City Louisburg (No. ....)

Registration District No. 242  
Primary Registration District No. 5335

File No. ....  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

Hilda Maass Martin

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
24 5 12

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

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) Dallas Co. (STATE OR COUNTRY) Mo.

13. NAME Island Johnson

14. BIRTHPLACE (CITY OR TOWN) J.M.O. (STATE OR COUNTRY)

15. MAIDEN NAME Flova Arnold

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

17. INFORMANT Monta Arnold (ADDRESS) Louisburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisburg Mo DATE 7-29, 1935

19. UNDERTAKER H. B. Goss (ADDRESS) Buffalo Mo.

20. FILED 7/30 1935 W. E. Common Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935, to July 28, 1935. I last saw him alive on July 28, 1935. Death is said to have occurred on the date stated above, at 1:45 p. m.

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

Pulmonary Tuberculosis Date of onset 7

Other contributory causes of importance

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) W. E. Common M. D.

(Address) Louisburg 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.

