

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.

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

Do not use this space.

AUG 9 1935

791  
1003

24810

File No. 6243  
Registered No.

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 2800)..... St. Indiana..... Ward 24

2. FULL NAME

Wulla Martin  
(a) Residence, No. 2800 Indiana St., 24 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.

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 Richard Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Her wife  
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) Washington Mo

13. NAME James Kasnic

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

15. MAIDEN NAME Mary Hearn

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

17. INFORMANT Mrs Jesse Casper (ADDRESS) 2800 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE McSotoma DATE 7/23/35

19. UNDERTAKER Sullivan Undertakers (ADDRESS) 3223 Sullivan

20. FILED 22 1935 19 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12 1935 to July 20 1935  
I last saw h. e. alive on July 20 1935. Death is said to have occurred on the date stated above, at 2:45 pm.

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

Chronic Interstitial Nephritis

Other contributory causes of importance:

urinary calculi

Name of operation..... Date of.....

What test confirmed diagnosis? Labatory 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? if so, specify.....

(Signed) Dr. A. H. Meyer, M. D.

(Address) 466 Virginia Ave

H Meyer  
H661a VIRGINIA R. 2772  
2818 Island R. 2772