

OCT 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Saline
City (No.)

Registration District No. 283-290
Primary Registration District No. 3402

File No. 29172
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jennie D. Martin
(Usual place of abode) Bucoda, MO St. _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Baby</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-20-75</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 20 hrs. or _____ min.
	<u>0</u>	<u>0</u>	<u>0</u>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (month and year) _____ (1) Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucoda, MO

13. NAME John D. Martin

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

MOTHER

15. MAIDEN NAME Louise Jennie Richardson

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

17. INFORMANT Halley
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. G. Grew DATE 9-22 1935

19. UNDERTAKER Mitchell P. Anderson
(ADDRESS) Cardwell, Mo.

20. FILED 10-15 1935 Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1935 to 9-21 1935

I last saw him alive on 9-20 1935. Death is said to have occurred on the date stated above, at 7 P. m.

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

Cephalgia
Premature birth

Other contributory causes of importance _____

Date of onset _____

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) Wallace D. English, M. D.
(Address) Cardwell, 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.

