

OCT 30 1935

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

Do not use this space.

31697

1. PLACE OF DEATH

County Webster Registration District No. 897 File No. _____
Township Hazelwood Primary Registration District No. 6-10-2 Registered No. _____
City _____ (No. 0202) St. _____ Ward _____

2. FULL NAME Sarah Paul Martin

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>35</u>	<u>62</u>	<u>6</u>	<u>23</u>	

OCCUPATION
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) Webster Co

MOTHER FATHER
13. NAME William Measully

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER FATHER
15. MAIDEN NAME Martha East

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Paul Martin (ADDRESS) Severn

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Paul DATE _____ 19 _____

19. UNDERTAKER Kelley - Starr (ADDRESS) Washington

20. FILED 9/19 30 W H Bollinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1935 to 9/2 1935

I last saw h. or alive on 9-1 1935 Death is said

to have occurred on the date stated above, at _____ m.

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

epidemic typhus
8221
Date of onset _____

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 H Bollinger M. D.

(Address) Severn

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.

