

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

Do not use this space.

36822

DEC 20 1935
1. PLACE OF DEATH
County New Madrid
Township East
Near Sikeston (No.)

Registration District No. 821
Primary Registration District No. 5801

File No.
Registered No.
St. Ward)

2. FULL NAME Ruth Martin
(a) Residence, No. Greensburg, 2nd. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28-1919</u>		
7. AGE	YEARS	MONTHS
	<u>16</u>	<u>9</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	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.	
	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) <u>Greensburg, 2nd.</u>		
MOTHER	13. NAME <u>Chas. Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>2nd</u>	
	15. MAIDEN NAME <u>Edith Remy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>2nd</u>	
17. INFORMANT <u>Mrs Edith Martin</u> (ADDRESS) <u>Greensburg, 2nd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Removal</u> DATE <u>Nov. 12 1935</u>		
19. UNDERTAKER <u>John Albrecht</u> (ADDRESS) <u>Sikeston Mo.</u>		
20. FILED <u>12-3</u> 1935 <u>W. H. P. Russell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw her alive on, 19..... Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:
Wound in Auto Accident, Date of onset
Part of Head cut off

Other contributory causes of importance:
2101261

Name of operation, Date of

What test confirmed diagnosis?, Was there an autopsy? No

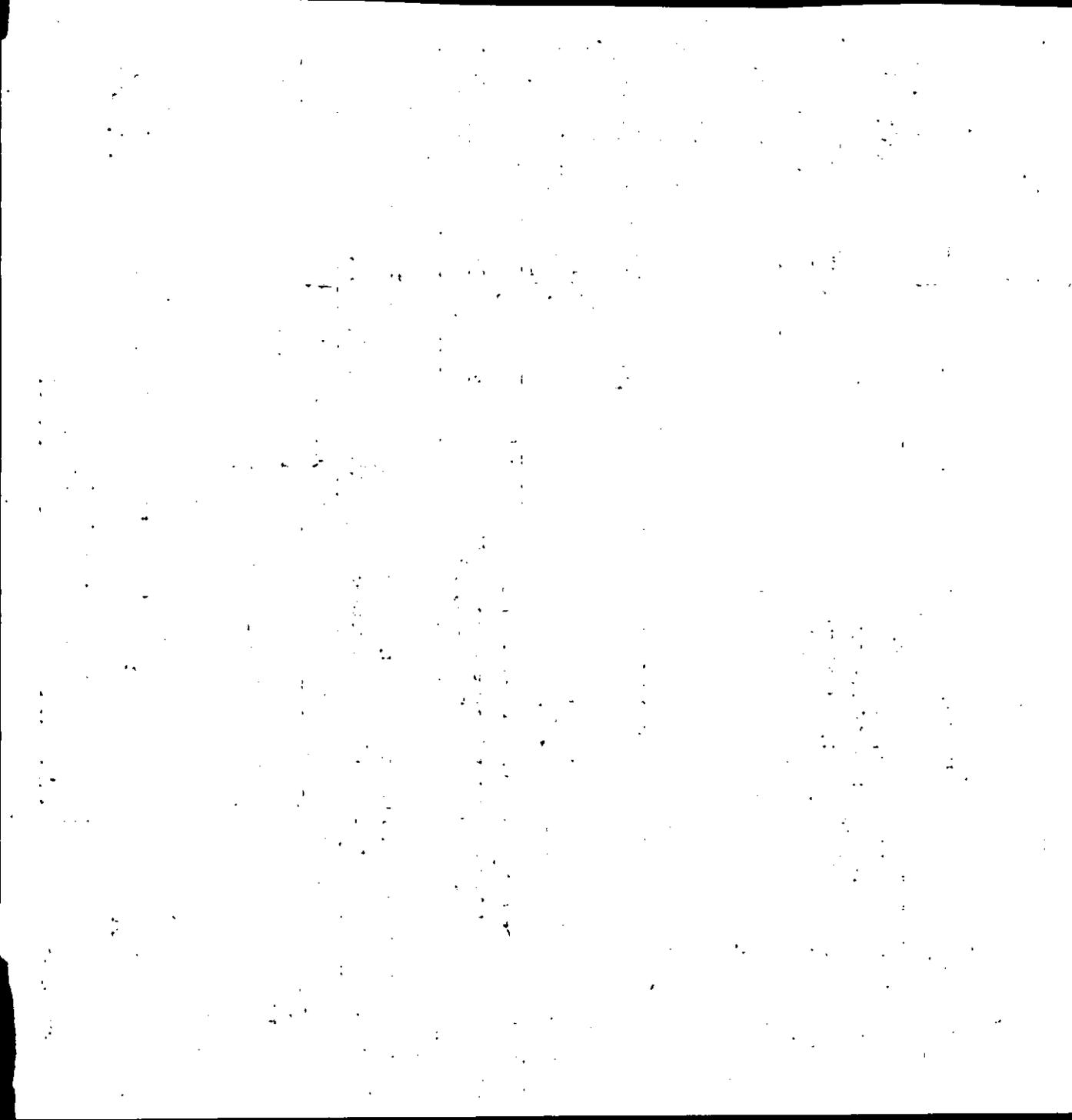
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/12/35
Where did injury occur? Highway 61 Near Sikeston
(Specify city or town, county, and State) Mo.
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Highway 61

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No
(Signed) W. J. Jamison, M. D.
(Address) 205 South 7th



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