WHITE 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.

MAY 20 1936

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

Do not use this space.

14676

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township Springcreek — Primary Registration District No. 5-370 — Registered No. ~~31~~ 32

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ellen Martin

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1862

7. AGE: 73 YEARS — MONTHS: 6 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

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) Dent Co Mo

FATHER

13. NAME Louis ~~Luis~~ Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Tenn

MOTHER

15. MAIDEN NAME Mandy Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) --- Tenn

17. INFORMANT (ADDRESS) Chas Martin Salem Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Grove Cem DATE 4/5/36 19

19. UNDERTAKER (ADDRESS) Carl K Spencer

20. FILED 4/5/ 1936 W. E. Rudd, Jr., D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/2/36 19

22. I HEREBY CERTIFY, That I attended deceased from March 31st, 1936, to April 2nd, 1936

I last saw her alive on April 2nd, 1936. Death is said to have occurred on the date stated above, at 1.00 P.M.

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

Entistis — Date of onset 3/30/36

120 B

Other contributory causes of importance:

Name of operation —— Date of .....

What test confirmed diagnosis? Clinical Findings 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? No

If so, specify .....

(Signed) F. E. Butler, M. D.

(Address) Salem Missouri