

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

Do not use this space.

SEP 16 1936

29862

1. PLACE OF DEATH

County Bollinger,
Township Lorance,
City Lutesville, (No. St. Ward)

Registration District No.
Primary Registration District No.

File No.
Registered No.

2. FULL NAME Effie Della Martin

(a) Residence Lutesville, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 5 mos. 13 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.A. Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-2-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>11</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boxville, Ky.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John M. Cobb,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion,
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Plina Sigler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Providence,
(STATE OR COUNTRY) Ky.

14. INFORMANT S.A. Martin,
(Address) Lutesville, Mo.

15. FILED 6-6-36 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-14-36 1936

17. I HEREBY CERTIFY, That I attended deceased from 13-1-36 to 8-14-36 (that I last saw him alive on 8-14-36 and that death occurred, on the date stated above, at 6 A.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) [Signature] (duration) 3 yrs. 10 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) [Signature], M. D.
, 1936 (Address) Lutesville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Slaybaugh Cemetery DATE OF BURIAL 8-16-1936

20. UNDERTAKER Andrew J. Baker ADDRESS Lutesville
Mo.

new

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.

