

SEP 25 1936

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

Do not use this space.

31568

1. PLACE OF DEATH

County *Lewis*Registration District No. *477*Township *Carlin*Primary Registration District No. *4286*City *Carlin* (No.)

File No.

Registered No. *46*

St. Ward)

2. FULL NAME

(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

SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Geo Martin</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 14 - 1863</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>—</i>
	DAYS <i>8</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	11. Total time (years) spent in this occupation <i>all life</i>
	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) <i>June 1 - 36</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Circleville Ohio</i>		
FATHER	13. NAME <i>Frederick Zahn</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Margaret Hobenstein</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Geo Martin Carlin Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Carlin Mo</i> DATE <i>Aug 24 1936</i>		
19. UNDERTAKER (ADDRESS) <i>W. S. Kelly Carlin Mo</i>		
20. FILED <i>Aug 24 1936 H. W. Harris Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Aug 22 1936</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>February 1936</i> , to <i>Aug 22 1936</i> I last saw him alive on <i>Aug 22 1936</i> Death is said to have occurred on the date stated above, at <i>6:30 P. m.</i> The principal cause of death and related causes of importance were as follows: <i>Carcinoma of Gall Bladder (metastatic)</i> <i>Carcinoma of Liver</i> <i>46</i> Other contributory causes of importance: <i>46</i> <i>Bronchopneumonia</i> <i>4 days</i>
Date of onset <i>Oct 1935</i>
Name of operation <i>Cholecystectomy</i> Date of <i>1934</i> What test confirmed diagnosis? <i>Bopsy</i> Was there an autopsy? <i>No</i>
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) <i>Roland F. Mueller</i> , M. D. (Address) <i>Carlin Mo.</i>

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.

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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Lewis
Township
City Canton (No.)

Registration District No. 477
Primary Registration District No. 4286

File No.
Registered No. 46
St. Ward)

2. FULL NAME

Elizabeth 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) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 - 8

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 10-16 1936 H.W. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1936

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

I last saw h..... alive on....., 19..... 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:

Carcinoma of gall bladder
Carcinoma of liver
(Carcinoma of gall bladder primary seat.)
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? NO Was there an autopsy?.....

23. If death was due to external causes (violence, etc.) 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 Roland F. Muelers
(Signed) Canton
(Address)

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.

SUPPLEMENTARY

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