

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

OCT 23 1906

35124

1. PLACE OF DEATH

County Osage
Township More
City _____ (No. _____ St. _____ Ward)

Registration District No. 1143
Primary Registration District No. 5845-

File No. 7
Registered No. _____

2. FULL NAME

Alma Belle Martin
(a) Residence, No. Thomasville Mo. St. Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-06

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1903
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 33 2 22

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a.m. The principal cause of death and related causes of importance were as follows:

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 _____

Pulmonary Tuberculosis 19-79
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME C. S. Richardson

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

MOTHER 15. MAIDEN NAME Lewis

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

17. INFORMANT (ADDRESS) S. Richardson Thomasville

18. BURIAL, CREMATION, OR REMOVAL PLACE Bailey Cem DATE 9/14 19____ 36

19. UNDERTAKER (ADDRESS) Geo. Carrs Mayor Mo.

20. FILED Oct 3 1906 Mrs. A. O. Roberts Registrar.

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) C. W. Cooper, M. D. (Address) Thomasville Mo

