

DEC 30 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

42311

File No. _____
Registered No. 714
St. _____ Ward _____

1. PLACE OF DEATH 1038 Jefferson St
County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 3036
City St. Charles (No. _____) _____ Ward _____

2. FULL NAME Julia Glenday Martin
(a) Residence, No. 1038 Jefferson St., ✓ Ward _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 yrs. 9 mos. 21 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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 9-1874</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>9</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Invalid for life</u>	11. Total time (years) spent in this occupation <u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Missouri</u>	
	13. NAME <u>Edward Martin</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Virginia</u>	
	15. MAIDEN NAME <u>Mary Cass</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredricksburg Virginia</u>	
17. INFORMANT <u>Miss Glenora Martin</u> (ADDRESS) <u>1038 Jefferson St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem</u> DATE <u>Dec. 2</u> 19 <u>36</u>		
19. UNDERTAKER <u>Steinbrucker Und. Co.</u> (ADDRESS) <u>St. Charles, Mo.</u>		
20. FILED <u>12/2</u> 19 <u>36</u> <u>Laurence S. Kuster</u> Registrar # _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Nov-30, 1936
I last saw her alive on Nov-30, 1936. Death is said to have occurred on the date stated above, at 3:10 p. m.
The principal cause of death and related causes of importance were as follows:
Parvovirus Acute Date of onset Oct 1936

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Blut. Was there an autopsy? _____

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) T. P. Gardner, M. D.
(Address) St. Charles, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. ADVISE SHOWN TO BE CURRENTLY SUPPLIED. ADVISE SHOWN TO BE CURRENTLY SUPPLIED.

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