

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1  
 City St. Joseph (No. Sunnyslope Hospital) St.          Ward         

File No. 10521  
 Registered No. 613

**2. FULL NAME** Martha Sue Bain

(a) Residence, No. 3216 Messanie St. St.          Ward.           
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 27 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**

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) February 26, 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>2</u>	<u>27</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.  
 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         

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.  
 (STATE OR COUNTRY)

13. NAME George Bain.

14. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Wilma Porter.

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Wilma Porter.  
 (ADDRESS) 3216 Messanie St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery  
 PLACE St. Joseph Mo. DATE May 24, 1937

19. UNDERTAKER H.O. Sidenfaden & Son.  
 (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED MAY 23 1937  
A. J. Nestor  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to May 23, 1937

I last saw her alive on May 23, 1937 Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Meningitis (epidemic)  
Epidemic

Date of onset

Other contributory causes of importance:         

Name of operation          Date of         

What test confirmed diagnosis?          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) J. M. Williams, M. D.

(Address) St. Joseph Mo.

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.

