

JUL 26 1937  
20

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

Do not use this space.

23210

1. PLACE OF DEATH

County Buchanan Registration District No. 1

Township St Joseph Primary Registration District No. State Hospital #2

City St Joseph (No. State Hospital #2) St. St. Joseph Ward 1

File No. 695

Registered No. 695

2. FULL NAME Anna Elizabeth Martin (Martin)

(a) Residence, No. Odessa Mo St. St. Joseph Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 7 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1852

7. AGE: YEARS 85 MONTHS 3 DAYS 3 If LESS than 1 day, .....hrs. or .....min.

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

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) Virginia

13. NAME Isaac George

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

15. MAIDEN NAME Sarah Francis Leach

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

17. INFORMANT (ADDRESS) State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Cal. Grove Mo. DATE 6/19 37

19. UNDERTAKER (ADDRESS) Chinco of Sns. Odessa Mo.

20. FILED 6/17 19 37 W. H. Withers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1937

22. I HEREBY CERTIFY, that I attended deceased from June 10 1937, to June 17 1937

Last saw her alive on June 16 1937 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Bronchopneumonia Date of onset 6-13 1937

Other contributory causes of importance: Fracture of Rt. Hip Senility 1860 Date of onset 6-12-37

Name of operation None Date of         

What test confirmed diagnosis? Clinical Was there an autopsy? 7.D.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6-12 1937

Where did injury occur? State Hosp # 2 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Hospital

Manner of injury On floor near bed - fall

Nature of injury Fracture of Rt. Hip

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Contributory Factor

(Signed) E. E. Ross M.D. M. D.

(Address) State Hosp # 2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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