

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.

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

Do not use this space.

AUG 11 1937

26456

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 400
City Kansas City, Mo (No. Reeds Hospital)

File No. _____
Registered No. 3169
St. _____ Ward) _____

2. FULL NAME

Mrs. Winona Martin
(a) Residence, No. 4900 - South Benton Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 6th 1937, to July 28 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1896

I last saw her alive on July 28 1937. Death is said to have occurred on the date stated above, at 9:15 a. m.

7. AGE YEARS 40 MONTHS 11 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Tuberculosis pulmonary Ch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Diabetes mellitus Insipidus

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

Silicosis mod adv

MOTHER FATHER 13. NAME William Leiser

Name of operation None Date of _____

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

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

MOTHER FATHER 15. MAIDEN NAME Eliza Hawes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT K. E. M. V. B. Hospital (ADDRESS) Leadst. Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Home DATE July - 30 1937

Manner of injury ✓ Nature of injury ✓

19. UNDERTAKER Mrs. Ed. Foster (ADDRESS) 98 Brooklyn Kemo

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILED July 28 1937 Registrar M. M. Ennoine

(Signed) M. J. Pennington M. D. (Address) Kansas City, Mo

