SEP 22 1937

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

Do not use this space.

30624

1. PLACE OF DEATH
County Franklin — Registration District No. 296 — File No.
Township — Primary Registration District No. 4180 — Registered No.
City Union (No. , St. Ward)

2. FULL NAME May Pauline Martin
(a) Residence, No. Lincoln St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	3	25	

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. Home
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) Linn, Missouri

FATHER
13. NAME Dan Crider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Missouri

MOTHER
15. MAIDEN NAME Ernie McDaniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Missouri

17. INFORMANT (ADDRESS) Isaac Martin Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bland, Missouri DATE Aug. 28, 1937

19. UNDERTAKER (ADDRESS) Union Furn. Co. (W.H. Horn) Union, Missouri

20. FILED Sept 1937 J. R. Marshall M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1931, to Aug. 25 1937
I last saw her alive on Aug. 25, 1937. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931

93 A1

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 X
(Signed) Wm. Lenny, M. D.
(Address) Union 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.