

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County LancasterRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph (No. 1001)St. Sedalia Mo WardFile No. 37224Registered No. 12002. FULL NAME Ruby Martin(a) Residence, No. 268 E. Jackson St., Sedalia Mo Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 26. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Ed 448. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher of school9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pat School10. Date deceased last worked at this occupation (month and year) Sept 19 1937 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo13. NAME Thomas Martin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) St. Joseph Hospital, Sedalia Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE Oct 31 193719. UNDERTAKER (ADDRESS) Ed Ferguson, Sedalia Mo.20. FILED 10/30 1937 W. J. Nestlefish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28 193722. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1937, to Oct 28, 1937.I last saw him alive on Oct 28, 1937. Death is said to have occurred on the date stated above, at 11 a.m.

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

Carotid Aneurysm with thrombosis
past two months
Primary carcinoma

Other contributory causes of importance:

Liver and
probable Pancreas
and gastricName of operation Spinal decompression Date of Oct 10 1937
What test confirmed diagnosis None Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) E. H. Shackney, M.D.(Address) St. Joseph Hospital

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.

