

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Repley Registration District No. 751  
Township Shelburne Primary Registration District No. 5990  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 7986  
Registered No. 1265

2. FULL NAME

Barbara Jane Martin 635  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child of bereaved</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29 1937</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child of bereaved</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>bereaved</u>	
	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) <u>Repley Mo</u>		
MOTHER	13. NAME <u>Charley M. Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Repley Mo</u>	
	15. MAIDEN NAME <u>Virginia M. Nelson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Patton Mo</u>	
17. INFORMANT (ADDRESS) <u>Charles M. Martin</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelburne Cem Repley Mo</u> DATE <u>Dec 27 1937</u>		
19. UNDERTAKER (ADDRESS) <u>none officiated</u>		
20. FILED <u>12/26 1938</u> <u>H. E. Whites</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1937, to Dec 26 1937  
I last saw him alive on Dec 24 1937. Death is said to have occurred on the date stated above, at 9:20 m.  
The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia  
Date of onset 10/6

Other contributory causes of importance:  
infant

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? chest 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) H. E. Whites, M. D.  
675 (Address) Repley Mo

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.

