REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County CAPE GIRARDEAU — Registration District No. 125 — File No. 10360

Township [illegible] — Primary Registration District No. ~~3009~~ — Registered No. 91

City " " — (No. SMELTERSVILLE R.F.D. 25/78 St. Ward)

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2. FULL NAME STILL BORN GIRL OF MR & MRS FLOYD MARTIN. 635

(a) Residence, No. SMELTERSVILLE R.R. #2 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): SINGLE.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CHILD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH, 20, 1938

7. AGE — YEARS: 0. MONTHS: 0. DAYS: 0. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD.
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): CAPE GIRARDEAU MO. 6

FATHER

13. NAME: FLOYD MARTIN. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CANALOU MO.

MOTHER

15. MAIDEN NAME: ELLA JACKSON. 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): THEBS ILL.

17. INFORMANT (ADDRESS): FLOYD MARTIN. CAPE GIRARDEAU MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FAIRMONT CEMT. DATE MARCH, 21, 1938

19. UNDERTAKER (ADDRESS): HAMANIS FUNERAL HOME CAPE GIRARDEAU MO.

20. FILED 3-20, 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH, 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:30PM

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

Date of onset

Premature Birth "Inertie"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) Cape Girardeau Mo

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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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Dr. Doggett