REC'D JUN 23 1938

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

19200
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 677
(b) ~~Township~~ Rolla Hospital — Primary Registration District No. 4403 — Registered No. 73
(c) City Rolla, Mo — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Cardovia Martin 625
(a) Residence, No. Maples, Mo. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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, [redacted]
(OR) WIFE OF William Arthur Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) April, 1938
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maples, Missouri

FATHER
13. NAME Robert Reddick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maples, Missouri

MOTHER
15. MAIDEN NAME Celia Hamby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maples, Missouri

17. INFORMANT (ADDRESS) William A. Martin Maples, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kissock Cem. DATE May 15, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson Licking, Mo.

20. FILED May 14, 1938 Jos. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 13, 1938
I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance: 108

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) [signature], M. D.
(Address) Rolla Mo.

610

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.