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

Do not use this space.

REC'D JUL 14 1938

1. PLACE OF DEATH

County Jefferson | Registration District No. 421 | File No. 22178

Township | Primary Registration District No. ~~5576~~ 4247 | Registered No. 59

City Festus Mo (No. ..... St. ..... Ward)

2. FULL NAME Mary Lelah Martin 635

(a) Residence. No. Festus Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31-1938

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None 0

(c) Name of employer 1

9. BIRTHPLACE (CITY OR TOWN) Festus
(STATE OR COUNTRY) Mo 0

PARENTS

10. NAME OF FATHER James Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Modoc
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER L M Vineyard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Festus
(STATE OR COUNTRY) Mo

14. INFORMANT James Martin
(Address) Festus Mo Route 1

15. FILED 6/3, 1938 J E Rutledge MD
382 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1938

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 4:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth 6th Mo.

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) 1 59 yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. E. Rutledge, M. D.

, 19 (Address) Festus, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Telegraph School	June 1 1938

20. UNDERTAKER	ADDRESS
Wuester + Vineyard	Festus Mo