

REC'D AUG 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Sandwich
City Near Bladgett (No. _____)

Registration District No. 815
Primary Registration District No. 6064

File No. 26628
Registered No. _____
St. _____ Ward _____

2. FULL NAME Anne Lee 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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>6</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby
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) Melwood Ark

FATHER 13. NAME Charles Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melwood Ark

MOTHER 15. MAIDEN NAME Anne May Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cotton Plant Ark

17. INFORMANT Anne May Martin (ADDRESS) 117 1/2 Miller, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 6/30 1938

19. UNDERTAKER John P. Hummel Jr (ADDRESS) 1235

20. FILED July 12 1938 Registrar Hummel

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30 1938

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 AM.

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

Cause of death Unknown
Died while sleeping
Other contributory causes of importance: _____

Date of onset

6/30

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) John P. Hummel Jr

Address Coroner Scott Co

Charleston, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

