

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35107
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan
(b) Township.....
(c) City St. Joseph
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Street No. 110 Arizona

Registered No. 1001

2. PRINT FULL NAME Sophia Martin

(a) Residence, No. 110 Arizona St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 0 7 1/2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER 13. NAME Tony Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Turkey

MOTHER 15. MAIDEN NAME Mickey Ricardo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mexico

17. INFORMANT (ADDRESS) Tony Martin 110 Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE Oct. 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED 10/4 1938 A. J. Neethus Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8:30 to 9:00 1938
I last saw him alive on 7 Oct 1938 Death is said to have occurred on the date stated above, at 1:00a m.

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

Acute Arthritis (one)
Acute Endocarditis
Septicemia
non purpurial
Date of onset Sept 38

Other contributory causes of importance:
Acute Endocarditis
Carditis

Name of operation None Date of 9/10/38
What test confirmed diagnosis? Microbiological Laboratory Was there an autopsy? Yes

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) Arthur M. D.
(Address) 1928 Pershing

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AVE should be stated EXACTLY. PHYSICIANS should state EXACTLY. AVE should be stated EXACTLY.

STATEMENT BY LICENSED EMBALMER

Earl A. Clark

3476

I,, Licensed Embalmer No.

myself

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed..... *Earl A. Clark*

Licensed Embalmer No. **3476**

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