

DEC 24 1938

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

43957
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 626
 (b) Township Park Primary Registration District No. 3031
 (c) City Marionville 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.

Registered No. 123

2. PRINT FULL NAME

Martha Ann Martin
 (a) Residence, No. 203 Park Ave 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1843
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 95 95 8 8
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Illinois

FATHER 13. NAME Mr Hatfield

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Martha James 203 Park Ave Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Skidmore Mo DATE Dec 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home 957 South M Marionville Mo

20. FILED 12-24 1938 Mark E Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1938

22. I HEREBY CERTIFY, That I attended deceased from 7:15-16 1938 to Dec 22 1938

I last saw him alive on Dec 22 1938 Death is said to have occurred on the date stated above, at 9 P. m.

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

Stenosis of Esophagus
Strabismic Amblyopia

Other contributory causes of importance: 116-

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cerebral Was there an autopsy? No

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) H. M. Hallie Jr M. D.
 (Address) Marionville Mo

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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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,

W. Dean Campbell

or by

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

Signed

W. Dean Campbell

Licensed Embalmer No.

5620

P. O. Address _____

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

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