REC'D JUL 18 1939

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

22971
Do not use this space.

1. PLACE OF DEATH
(a) County Pike 2
(b) Township 1
(c) City Louisiana
(d) Street No. Vandeventer Hill 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.

Registration District No. 689
Primary Registration District No. 3033
Registered No.

2. PRINT FULL NAME Myrna Patricia Martin
(a) Residence, No. 635 Vandeventer Hill 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/2-37

7. AGE Years 2 Months 2 Days 8 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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) Louisiana Mo

FATHER
13. NAME Clifford R Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Ill

MOTHER
15. MAIDEN NAME Bessie May Ahern
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

17. INFORMANT (ADDRESS) Cliff R Martin Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview DATE 6/11 1939

19. FUNERAL DIRECTOR (NAME) F C Haun
(ADDRESS) Louisiana Mo

20. FILED 6/10 1939 F C Haun Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-8 1939, to 6/10 1939
I last saw her alive on 6/10 1939. Death is said to have occurred on the date stated above, at 12:00 noon
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 6/7 1939

Other contributory causes of importance:

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) L M Pearson M.D., M. D.
(Address) Louisiana Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X14223

RECEIVED
District Health Officer No. 10
District File Number 7-39-1233
Date Filed JUL 10 1939

**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, George O. Hagner, or by .....

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

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana Mo.

**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.**