

MS 12 1940

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

8518
Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 968
(b) Township Belgrade Primary Registration District No. 6184
(c) City _____ (d) Street No. _____
(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 4 yrs. 4 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NORMA LEE MARTIN

(a) Residence, No. Belgrade, R-1 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Belgrade R-1

13. NAME William Martin

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

15. MAIDEN NAME Marie Viola Silberg

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

17. INFORMANT (ADDRESS) Galdie Gilvise (Sister)

18. BURIAL, CREMATION, OR REMOVAL PLACE Marler Chapel DATE Feb 14 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) none

20. FILED FEB 14 1940 Dr. J. E. Houston Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1940, to Feb 14, 1940
I last saw her alive on Feb 13, 1940 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
acute nasopharyngitis
Date of onset 2/12/40

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis stomach 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? no
If so, specify _____
(Signed) P. E. Harland, M. D.
(Address) Granton, Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
V. S. NO. 2. 20M-9-19-38 I X16605
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.

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

Signed.....

Licensed Embalmer No.....

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.