

FILED MAY 15 1940

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

14729
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
 (a) County Crowford Registration District No. 231
 (b) Township Shelbille 2 Primary Registration District No. 141
 (c) City Shelbille 2 (d) Street No. _____ St. _____
 (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.

2. PRINT FULL NAME Anna Katie Avellin Martin
 (a) Residence, No. 1635 St. 0 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1863

7. AGE YEARS 77 MONTHS 3 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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. Housewife
 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) Pilot Knob Missouri

FATHER

13. NAME George Beckman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessen Castle Germany

MOTHER

15. MAIDEN NAME Elizabeth Wolf
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessen Castle Germany

17. INFORMANT (ADDRESS) J. J. Martin Shelbille Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolckers DATE 4/15 - 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. Jones Shelbille Mo

20. FILED 5/10 1940 Ch. Gibbs Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to April 14, 1940
 I last saw her alive on April 13, 1940. Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic valvular disease of heart
 Date of onset _____

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) R. G. Jones, M. D.
 (Address) Shelbille Mo

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

District Health Office: *NR A*

District File Number: *540 627*

Date Filed: *5/16/40*

Signed.....

Harry M. Jones

Licensed Embalmer No. *2628*

P. O. Address: *St. Louis*

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.