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.

JUN 17 1940

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

Do not use this space.

17617

File No. 2144

Registered No.

1. PLACE OF DEATH

County: Jackson

Township: Kan.

City: Kansas City St. Joseph Des. (No. St. Joseph Hospital St. Ward) 635

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME: Georgia Etta Martin (Georgia Etta Martin)

(a) Residence, No. Parkville Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm B. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 14-1891

7. AGE: Years 48 Months 8 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, 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): Parkville Mo.

FATHER

13. NAME: E. A. McIntyre

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER

15. MAIDEN NAME: Lucy Frances Fried

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT: Eugene M. McIntyre
(ADDRESS) 3604 Smart K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove DATE: May 25 1940

19. UNDERTAKER: Howard
(ADDRESS) Parkville Mo

20. FILED May 25, 1940 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/23/40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/25/40, 19, to 5/23/40, 19

I last saw h. alive on 5/23/40 19 Death is said to have occurred on the date stated above, at 7 pm.

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

	Date of onset
Carcinoma of Body of Pancreas	
46	

Other contributory causes of importance: Vegetative endocarditis mitral

Name of operation: exploratory Date of: 5/13/40

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) C. C. Clapp, M. D.

(Address) 1103 Grand