

JUN 13 1940

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

Do not use this space.

18061

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau

Registration District No. 124
Primary Registration District No. 9009
(No. St. Francis Hospital)

File No. 162
Registered No. 162
St. 1 Ward 1

2. FULL NAME 635 Tinnie Martin

(a) Residence, No. 635 St. 1 Ward 1
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 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 Ed Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/19/65

7. AGE YEARS 74 MONTHS 6 DAYS 12 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
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) Ky (STATE OR COUNTRY)

FATHER 13. NAME Dave Bryant

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

MOTHER 15. MAIDEN NAME Nancy Choat

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

17. INFORMANT Roy Parks (ADDRESS) Libourn Mo RFD 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Mounds Cem DATE 5/3/40

19. UNDERTAKER Hill Bros. (ADDRESS) Libourn Mo

20. FILED 5-1-40 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1/40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1940, to 5/1, 1940

I last saw her 5/1 alive on 5/1, 1940 Death is said to have occurred on the date stated above, at 12.30 m.

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

Fracture leg and chest injury
Auto accident
Auto accident

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Imp. leg Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 4/30, 1940

Where did injury occur? near Libourn (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident
Nature of injury fracture of leg

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) J. M. Thompson M. D.

(Address) Cape Girardeau Mo

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

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90

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18061

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Glennie Martin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture leg and head injury
Due to Automobile accident with pedestrian

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 4/30/40
(c) Where did injury occur? Near Silsbee, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road Highway (Specify type of place) (e) Means of injury _____

23. Signature P. L. Sealbaugh (M. D. or other) _____
Address Cape Girardeau _____

SUPPLEMENTAL

S-18061