

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.

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

Do not use this space.

REC'D JUL 15 1940

22943

1. PLACE OF DEATH

County **S. CHUYLER**

Registration District No. **802**

File No. **84**

Township **FABIUS**

Primary Registration District No. **6046**

Registered No. **69**

City

(No.)

St.

Ward)

2. FULL NAME

635 LOUISA MAE MARTIN

RURAL

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)

WIDOWED

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

JAMES MARTIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

JUNE 27, 1870

7. AGE

YEARS
69

MONTHS
11

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.

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

SCHUYLER CO. MO.

FATHER

13. NAME

BAZIL BOUNDS

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

SCOTLAND CO. MO.

MOTHER

15. MAIDEN NAME

FELICIA JANE S. ANDERS

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

KENTUCKY

17. INFORMANT (ADDRESS)

**Helma Broeseke
Lancaster Mo.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **BOWLING MO.** DATE **JUNES 1940**

19. UNDERTAKER (ADDRESS)

**Moreheads
Lancaster Mo.**

20. FILED

June 8, 1940 H. B. Erving Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from

June 5, 1940, to June 6, 1940

I last saw her alive on **June 6, 1940** Death is said to have occurred on the date stated above, at **5:30 P.M.**

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

Bronchial Pneumonia

Other contributory causes of importance:

Chronic Nephritis

Date of onset

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

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) **R. E. Vaughn** 3 D. O. M.

(Address) **Lancaster, Mo**

RECEIVED

District Health Officer No. 10

District File Number 7-40-1404

Date Filed JUL 11 1940