

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 25 1929

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

Black *Do not use this space*  
21276

1. PLACE OF DEATH

County *Henry*  
Township *Windsor*  
City *Windsor* (No. ....)

Registration District No. *14*  
Primary Registration District No. *4211*

File No. ....  
Registered No. *21* (St. .... Ward)

2. FULL NAME

*Elizabeth Evelyn Marti*  
(a) Residence. No. *507 E. Beaton St.* Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred *25* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Marti</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar. 27-1857</i>		
7. AGE	YEARS <i>72</i>	MONTHS <i>2</i>
	DAYS <i>27</i>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *At home*

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) *New Philadelphia*  
(STATE OR COUNTRY) *Indiana*

10. NAME OF FATHER *John Evelyn*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY) .....

14. INFORMANT *Miss Bessie Marti*  
(Address) *Windsor Mo.*

15. FILED *June 24 1929* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 23 1929*

17. I HEREBY CERTIFY that I attended deceased from *June 17*, 19*29*, to *June 22*, 19*29*, and that I last saw her alive on *June 22*, 19*29*, and that death occurred, on the date stated above, at *1:30* a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*131 Cerebral Hemorrhage*  
*82 A*

CONTRIBUTORY (SECONDARY) *nephritis*  
(duration) yrs. mos. da. *6 da.*

18. WHERE WAS DISEASE CONTRACTED? *129 W*  
IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *J. A. Blackmore*, M. D.  
*6-29, 1929* (Address) *Windsor, Mo.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Windsor Mo.* DATE OF BURIAL *June 24 1929*

20. UNDERTAKER *C. A. Roof* ADDRESS *Windsor Mo.*

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!

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