

OCT 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County HENRY
Township Bethlehem
City Stratton - Mo (No. St. Ward)

Registration District No. 347
Primary Registration District No. 5489A

File No. 32615
Registered No. 125

2. FULL NAME

Lula Doris Martin
(a) Residence, No. CLINTON MO St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-1923

7. AGE YEARS MONTHS DAYS - If LESS than 1 day, hrs. or min.
10 — 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) CLINTON MO

MOTHER FATHER 13. NAME Alva Martin

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

15. MAIDEN NAME Jewell Davis

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

17. INFORMANT Gene Davis (ADDRESS) CLINTON MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethlehem DATE 9-6-34

19. UNDERTAKER Fred Welkman (ADDRESS) Clinton Mo

20. FILE 9-21-34 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-1-1934 to 9-4-1934

I last saw him alive on 9-4-1934. Death is said

to have occurred on the date stated above, at 9:47 P. m.

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

appendicitis

Date of onset 8-31-34

Other contributory causes of importance: 10/12

Name of operation Appendectomy Date of 9-3-34

What test confirmed diagnosis? _____ Was there an autopsy? NO

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) Ed Walker, M. D.

(Address) Clinton 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.

