

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

Do not use this space.

1034

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Julia Isabelle Martin

(a) Residence No. 115 N. 4th St., .... Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Past 10 yrs to 1-13 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1855

I last saw her alive on 1-12 1936 Death is said to have occurred on the date stated above, at 4:30 A.M.

7. AGE YEARS 80 MONTHS 1 DAYS 13 If LESS than 1 day, .... hrs. or ..... min.

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

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. ....  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation .....

Pulmonary Edema  
Mitral Endocarditis  
Atheroma  
Arthritis rt hand

Other contributory causes of importance:  
Cystic tumor of rt Ovary

12. BIRTHPLACE (CITY OR TOWN) Seesville mo (STATE OR COUNTRY) Henry Co

13. NAME John H Renfro

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

15. MAIDEN NAME Isabelle Renfro

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

17. INFORMANT Mrs Edna Briggs (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE England DATE 1/14

19. UNDERTAKER Consolus & Beck (ADDRESS) Clinton mo

20. FILED 1-14 1936 J. H. Hampton Registrar

Name of operation none Date of 1-13  
What test confirmed diagnosis clinical 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? no  
If so, specify .....

(Signed) E. C. Peltor, M. D.  
(Address) Clinton Mo

CAUSE OF DEATH IN WHOLE TERMS, SO FAR AS KNOWN, TO BE WRITTEN IN THIS SPACE.

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