

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

Do not use this space.

JUN 2 1 1937

20155

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 14 Township Clinton Primary Registration District No. 3018
 7 City Clinton St. 2 Ward 1

2. FULL NAME Mauda Hunter Martin
 (a) Residence, No. 47 Jeff 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1880

7. AGE YEARS 56 MONTHS 10 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER
 13. NAME Joseph Hunter
 14. BIRTHPLACE (CITY OR TOWN) West Vir (STATE OR COUNTRY) _____
 15. MAIDEN NAME Nancy Eastham
 16. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) _____

FATHER
 17. INFORMANT J. H. Martin (ADDRESS) Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/9 37
 19. UNDERTAKER Consalus & Co (ADDRESS) Clinton Mo
 20. FILED May 10, 1937 J. T. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937, to 5-8 1937
 I last saw him alive on 5-8 1937. Death is said to have occurred on the date stated above, at 2306 in.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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) H. H. Walker _____, M. D.
 (Address) Clinton Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified.

