

1938 OCT 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles Co Mo
Township Prairie
City Downing Mo (No.)

Registration District No. 806
Primary Registration District No. 6051

File No. 33424
Registered No.
St. Ward)

2. FULL NAME

Martin (Unnamed)

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (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 Born
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11 11 11
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 11 11 11

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy City Mo 0

13. NAME Burgil Victor Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co Mo

15. MAIDEN NAME Majorie Evelyn Meldon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotts Bl Co Mo

17. INFORMANT A. B. Martin (ADDRESS) Quincy City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Downing Mo DATE Oct 6 1938

19. UNDERTAKER no (ADDRESS)

20. FILED Oct 8 1938 J. T. Jones - Registrar. 74 Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1938 to Oct 6 1938

I last saw her alive on Oct 6 1938 Death is said to have occurred on the date stated above, at m.

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

Dont know
Period of gestation
15 months 2 weeks
Date of onset

Other contributory causes of importance:

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 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) O. P. Jones M. D. 0
(Address) Quincy City Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-372

Date Filed 10-13-38