

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

Do not use this space.

9545

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Primary Registration District No. 3032
 8 City Seclavia (No. 306 E. 2nd St) St. Ward)

File No.
 Registered No. 71
 St. Ward)

2. FULL NAME Mary Martin
 (a) Residence, No. 306 E. 2nd St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. Ben Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1956
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 6

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. At Home
 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) Missouri

13. NAME Christian Modenbach

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

15. MAIDEN NAME Kathryn Seigel

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

17. INFORMANT O. C. Martin (ADDRESS) 306 E. 2nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3-12 1939

19. UNDERTAKER McLaughlin Bros (ADDRESS) Seclavia Mo

20. FILED 3-11 1932 J. E. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1932
 I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to March 9 1932
 I last saw her alive on March 9 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
59
131
 Other contributory causes of importance: Diabetes
 Date of onset ?

Name of operation None Date of
 What test confirmed diagnosis? Fundus Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 No

(Signed) J. B. Carlisle M. D.
 (Address) Seclavia Mo

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

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.

APR 28 1932

