

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

Do not use this space.

8939

1135

APR 25 1934

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St Joseph Hospital) St. _____ Ward _____

2. FULL NAME Elizabeth J. Martin
 (a) Residence, No. 4945 Troost Ave. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 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 Male
 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) St. Louis, Mo.

13. NAME Thomas J. Steele

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

15. MAIDEN NAME Esther Cavanaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Mrs. Charles Elliott
 (ADDRESS) 4945 Troost Ave. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE 3/14/34 19

19. UNDERTAKER Freeman Mortuary
 (ADDRESS) Kansas City, Mo.

20. FILED Mich 12 1934 M.M. Corwin
West Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, '34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw _____ alive on _____, 19____. 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:

(Shock) cordio-vascular collapse
secondary to amputation of right leg below the knee - Hemorrhage
 Date of onset 09
accidental
Pulmonary congestion
edema
 Name of operation amputation of right foot Date of 4/21/34
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 2/21, 1934

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 foot crushed by steel bar
 Nature of injury fracture of foot

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. N. Owens, M. D.
 (Address) Kansas City Mo

