

NOV 21 1935

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

Do not use this space.

29762

1. PLACE OF DEATH

County Jackson
Township Trass
City Kansas City

Registration District No. 333
Primary Registration District No. B.C.C.
(No. 3721 Bellefontaine)

File No. _____
Registered No. 51720
St. _____ Ward _____

2. FULL NAME

Edith Irene Martin

(a) Residence, No. 3721 Bellefontaine Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leslie Martin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2, 1882</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>8</u>
	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)	<u>St. Louis, Missouri</u>	
FATHER	13. NAME <u>Siemer, Bertrich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Berhardt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonnville, Mo</u>	
17. INFORMANT (ADDRESS)	<u>Katherine Martin</u> <u>3721 Bellefontaine</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Memorial Park</u>	DATE <u>10-2-35</u>
19. UNDERTAKER (ADDRESS)	<u>Huddarth - Buchanan</u> <u>6900 Truxtun</u>	
20. FILED	<u>Oct 1, 1935</u> <u>M. M. Crowe</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1934 to September 30, 1935
I last saw her alive on September 30, 1935. Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset July 1934
Arterial hypertension July 1934

Other contributory causes of importance:
131

Name of operation none Date of _____
What test confirmed diagnosis? Labratory Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) Graham Asher, M. D.
(Address) 820 Professional Bldg.

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.

