

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.

OCT 21 1936

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

Do not use this space.

34720

1. PLACE OF DEATH

County Jasper Registration District No. 406 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
City Carthage (No. McCune Brooks Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Martha N. Marlin

(a) Residence, No. 503 E. Third St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 27 yrs. mos. \_\_\_\_\_ da. How long in U. S., if of foreign birth? yrs. mos. \_\_\_\_\_ da. (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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. H. Marlin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1868  
7. AGE YEARS 68 MONTHS 1 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Murphyborough, Tenn.  
(STATE OR COUNTRY) Tennessee

MOTHER 13. NAME John W. Sanders  
14. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT E. H. Marlin  
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Park Cemetery DATE Sept. 13, 1936

19. UNDERTAKER Ulmer Funeral Home  
(ADDRESS) Carthage, Mo.

20. FILED Sept 12, 1936 S. B. Shuler  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1936, to 9-11, 1936  
I last saw her alive on 9-11-36, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:55am

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

Acute Myocarditis Date of onset \_\_\_\_\_  
932  
Other contributory causes of importance: Acute Indigestion

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) H. B. Baker, M. D.

(Address) Carthage, Mo.

