

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.

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

Do not use this space.

FEB 27 1937

2202

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
 1 Township Alexander Primary Registration District No. 3019  
 1/2 City Hannibal (No. Severing Hospital) File No. \_\_\_\_\_  
 Registered No. 33 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nellie Rose Martin  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Sainton Family Hall Co, Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nathan Martin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 10, 1910</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>2</u>
	DAYS <u>9</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. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest Hill, Mo</u>	
	13. NAME <u>Robert Kleinkopf</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louis</u>	
	15. MAIDEN NAME <u>Effie Florence Hudson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louis</u>	
17. INFORMANT <u>Mr Nathan Martin, Husband</u> (ADDRESS) <u>Sainton Family Hall Co, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelbina</u> DATE <u>Jan 21, 1937</u>		
19. UNDERTAKER <u>Wm D Smith</u> (ADDRESS) <u>109 Bolivar Hannibal Mo</u>		
20. FILED <u>Jan 20, 1937</u> <u>J. C. Fisher</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Jan 18, 1937  
 I last saw her alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia Date of onset 1/14-37  
Influenza 1/11-37

Other contributors of causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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) E. R. Motley M. D.  
 (Address) Hannibal, Mo.

