REC'D AUG 24 1938

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

25542
Do not use this space.

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.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Prairie
(c) City: Little Blue, Mo (d) Street No.: Jackson Co. Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.: 400
Primary Registration District No.: 5553B
Registered No.: 144

2. PRINT FULL NAME: Alice Martin
(a) Residence, No.: Lee's Summit Mo St.: 635
(Usual place of abode, if no street address, write county or city) (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: Chas. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 3, 1887

7. AGE: Years 51 | Months 5 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: own 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): Unknown 9

FATHER
13. NAME: unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. 9

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

17. INFORMANT: Grace Robbins
(ADDRESS) 1105 Topping, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 7/18/38

19. FUNERAL DIRECTOR: W. B. Langford
(ADDRESS) Lee's Summit Mo

20. FILED: July 16, 1938 William J. Fields, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1938

22. I HEREBY CERTIFY That I attended deceased from July 11, 1938, to July 15, 1938, that saw her alive on July 15, 1938. Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	4 days
Paralytic Stroke	2 wks
54	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Blood Sugar Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, state how:
(Signed) H. Rockwood McCoy, M. D.
(Address) Jackson Co. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)