

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

Do not use this space.

17701

RECEIVED JUN 8 1943

**1. PLACE OF DEATH**

County COOPER  
Township South Moniteau  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 85  
Primary Registration District No. 5321

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Lula Merl Martin**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF George Martin (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75      4      26

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. Home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Rochester Minn. (STATE OR COUNTRY)

13. NAME Charles J. Kitchell

14. BIRTHPLACE (CITY OR TOWN) Stephan, Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Mary E. Miller

16. BIRTHPLACE (CITY OR TOWN) Butler County Penn. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Clarksburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Zion Cem. DATE 5/21/43, 1943

19. UNDERTAKER (ADDRESS) James E. Richards, Pipton, Mo.

20. FILED May 21, 1943 Jessie M. Needles Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 18th, 1943

22. I HEREBY CERTIFY. That I attended deceased from May 7, 1943, to May 26, 1943. I last saw her alive on March 28, 1943. 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:  
Cerebral Aneurysm  
apoplexy  
Other contributory causes of importance: J30

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) A L Meredith M. D.  
(Address) Prairie Home Mo

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.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-2-43

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Embalmed by me,

Signed

James E. Richards  
Licensed Embalmer No. 2466  
P.O. Address Lipton, Mo