

18

STATE OF KANSAS
State Board of Health—Division of Vital Statistics

STANDARD
CERTIFICATE OF DEATH

Do not write
203 4025
In this space

1. PLACE OF DEATH: County Atchison
Township _____ Registered No. 248, 3-8,
or _____
City Atchison No. 315 N. Terrace St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2. FULL NAME Mrs. Ida Challis Martin (Sd. Challis Martin)
(a) Residence. No. 315 North Terrace St. _____ Ward _____
(Usual place of abode.) (If nonresident, give city or town and state.)
Length of residence in city or town where death occurred 75 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____
If so, state Organization _____ Rank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>		
5a. If married, widowed, or divorced (or) WIFE of <u>John Alexander Martin</u>				
6. DATE OF BIRTH (month, day, and year) <u>1851-5-25</u>				
7. AGE	Years <u>81</u>	Months <u>5</u>	Days <u>7</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>House wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1-9-32</u>		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Morris town Pa.</u>				
FATHER	13. NAME <u>Wm. K. Challis</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>Philadelphia Pa.</u>			
MOTHER	15. MAIDEN NAME <u>Mary H. Challis</u>			
	16. BIRTHPLACE (city or town) (State or country) <u>Philadelphia Pa.</u>			
17. INFORMANT <u>Harriet C. Martin</u> (Address) <u>1316 South 4th Atchison Kan</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Joseph</u> Date <u>11-4, 1932</u>				
19. UNDERTAKER <u>Snyder & Douglas</u> (Address) <u>Atchison Kan</u>				
20. FILED <u>Nov 3, 1932</u> <u>Paul (Signer)</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>11-2, 1932</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 27, 1932</u> to <u>Nov 2, 1932</u> I last saw him alive on <u>Nov 3, 1932</u> death is said to have occurred on the date stated above at <u>2:30</u> p.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral Hemorrhage Oct. 28-32</u>	
Contributory causes of importance not related to principal cause: <u>—</u>	
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Test</u> Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify _____ (Signed) <u>M. T. Dinsmore</u> M. D. (Address) <u>Atchison, Kan</u>	

M. T. Dinsmore

FEB 2 1998

NOT VALID IF COPIED
THIS IS A COPY OF THE ORIGINAL CERTIFICATE
CERTIFIED THIS DATE AT TOPEKA, KANSAS

OFFICE
OF VITAL
STATISTICS

STATE REGISTRAR
DEPARTMENT OF HEALTH AND ENVIRONMENT

Lois D. Phillips

Do not write
203 4025
In this space

1. PLACE OF DEATH: County Atchison
Township _____ Registered No. 248, 3-2
or City Atchison No. 315 N. Terrace St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2. FULL NAME Mrs. Ida Challis Martin (Ida Challis Martin)
(a) Residence. No. 315 North Terrace St. _____ Ward _____
(Usual place of abode.) (If nonresident, give city or town and state.)
Length of residence in city or town where death occurred 75 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____
If so, state Organization _____ Rank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced (write name of husband or wife) John Alexander Martin

6. DATE OF BIRTH (month, day, and year) 1851-5-25

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1902 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Morris town

13. NAME Mrs. R. Challis

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Mary H. Challis

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Harris C. Martin
(Address) 1316 S. 4th Atchison Mo

18. BURIAL, CREMATION, OR REMOVAL Place Mt Vernon Date 11-4, 1932

19. UNDERTAKER W. J. Douglas
(Address) Atchison Mo

20. FILED Nov. 3, 1932 Paul C. Blythe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932 to Nov 2, 1932, 1932
I last saw him alive on Nov 3, 1932, death is said to have occurred on the date stated above at 2:00 p.m.

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

Cerebral Hemorrhage Date of onset Oct 28-32

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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? No

If so, specify (Signed) M. T. Klingman M. D.
(Address) Atchison, Mo.

M. T. Klingman

FEB 2 1998

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