

17351-2

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

1 PLACE OF DEATH

County Crawford  
Township Benton  
or  
Village  
or  
City Cuba

Registration District No. 230 File No. 6  
Primary Registration District No. 5312 Registered No. 18

2 FULL NAME Anna Gasenia Martin

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

16 DATE OF DEATH June 21, 1924  
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 7, 1851  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 20, 1923 to June 21, 1924, that I last saw her alive on June 20, 1924, and that death occurred, on the date stated above, at 11 a.m.

7 AGE 72 yrs. 9 mos. 13 ds. If LESS than 1 day.....hrs. or.....min.?

The CAUSE OF DEATH\* was as follows:  
Diabetes Mellitus Chronic  
57  
(Duration)..... yrs..... mos..... ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry business, or establishment in which employed (or employer) Housework

CONTRIBUTORY (Secondary) (Duration)..... yrs..... mos..... ds.  
(Signed) John H. Martin M. D.  
6/28, 1924 (Address) Cuba, Mo.

9 BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS 10 NAME OF FATHER John Henry Huntman  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
12 MAIDEN NAME OF MOTHER Mahilda Meisling  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.  
Where was disease contracted if not at place of death?  
Former or usual residence.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W.E. Martin  
(Address) Cuba Mo.

15 Filed June 30, 1924 G. J. A. Herzog Registrar

19 PLACE OF BURIAL OR REMOVAL St. Nicholas Cem. Cuba, Mo. DATE OF BURIAL July 13, 1924  
20 UNDERTAKER W. E. Holloway ADDRESS Cuba Mo.

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.

# Anna G Martin

Memorial

Photos

Flowers

Share

Edit

[Learn about upgrading this memorial...](#)

Birth: 1851  
Death: 1924

Family links:

Children:

August John *Henry* Kohrmann (1873 - 1959)\*

George John Kohrman (1876 - 1967)\*

\*[Calculated relationship](#)

Burial:

[Delhi Cemetery](#)

Cuba

Crawford County

Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Jennifer](#)

Record added: May 10, 2005

Find A Grave Memorial# 10943708



Added by: [SteveZ](#)



Cemetery Photo

Added by: [Sue](#)