

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.

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1. PLACE OF DEATH

County Cole Registration District No. 214
Township Moreau Primary Registration District No. 5294
City (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 23

2. FULL NAME Martha Wilson

(a) Residence, No. Lohman, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2nd, 1852</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>7</u>	DAYS <u>3</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5th, 1934 . 1934

22. HEREBY CERTIFY, That I attended deceased from Dec. 10, 1933, to Jan. 5, 1934. I last saw her alive on Jan 4, 1934. Death is said to have occurred on the date stated above, at 11 A.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
Date of onset 1932
Other contributory causes of importance: 46

12. BIRTHPLACE (CITY OR TOWN) Centertown (STATE OR COUNTRY) Missouri.

13. NAME Christopher Murray

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Elixabeth Pace

16. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY)

17. INFORMANT Harry Wilson (ADDRESS) Lohman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cem. DATE _____ 1934

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Jan 6, 1934 Wm. H. L. Coulter Registrar.

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 _____, 1934. 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) W. L. Leslie, M. D. (Address) Russellville, Mo.

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