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

Do not use this space.

32544

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 170

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Martha Malden

(a) Residence. No. Nevada Mo State Hosp (Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): D 1 E

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D 1 E

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1859 - D. 1 E

7. AGE: 68 Years — Months: D. — Days: 1 E. — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): D 1 E (STATE OR COUNTRY) —

PARENTS

10. NAME OF FATHER: D 1 E

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D 1 E

12. MAIDEN NAME OF MOTHER: D 1 E

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): D 1 E

14. INFORMANT: Marvin Lockwood (Address) Fair Haven

15. FILED 10/26 1927 E. R. Kiesa REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10 - 6 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-1-27 to 10-6, 1927, to 10-1-, 1927 that I last saw her alive on 10-6-, 1927, and that death occurred, on the date stated above, at 9.15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis of the lungs

LSA 31 (duration) D 1 E yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? D 1 E

0 DID AN OPERATION PRECEDE DEATH? 40 DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) G. B. Dorrell, M. D

10-8, 1927 (Address) Nevada Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: State Hospital Cemetery — DATE OF BURIAL: Oct 20 1927

20. UNDERTAKER: V. Hays, — ADDRESS: Nevada 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.

Terry, Garhill & Age
Bank-Savings Life Inc
Lawrence Kans.

James [illegible]