JAN 19 1928

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

Do not use this space.

37555

1. PLACE OF DEATH

County Marion — Registration District No. ~~203 Sexton St~~ 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 334

City Hannibal (No. 203 Sexton St. 5 Ward)

2. FULL NAME Martha Bradshaw

(a) Residence. No. 203 Sexton St., 5 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Wilbur Bradshaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-5-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	3	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~Lewis~~ House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

PARENTS

10. NAME OF FATHER John Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Cyndia Hickman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Wilbur Bradshaw
(Address) 203 Sexton

15. FILED 12/12, 1927 C E Strode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-5 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927, to Dec 4, 1927, that I last saw her alive on Dec 4, 1927, and that death occurred, on the date stated above, at 6.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach

41-B [illegible] (duration) 6 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) A. W. Fox, M. D

(Address) 1631 Market

*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 Robinson Cem — DATE OF BURIAL 12/8 1927

20. UNDERTAKER Geo E Roberts — ADDRESS Hannibal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.