

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

Do not use this space.

8129

**1. PLACE OF DEATH**

County Sarroll Registration District No. 135 File No. \_\_\_\_\_  
 Township Sarroll Primary Registration District No. 3010 Registered No. 27  
 City Sarrollton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Martha Susan Quisenberry

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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.      da.      How long in U.S., if of foreign birth?      yrs.      mos.      da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-15-1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>0</u>	<u>16</u>	

**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)**

(STATE OR COUNTRY) Sarroll Co.

**10. NAME OF FATHER**

Richard Harrison Quisenberry

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ky.

**12. MAIDEN NAME OF MOTHER**

Araminta Johnson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Sarroll Co.

**14.**

INFORMANT E. H. Quisenberry  
 (Address) Sarrollton, Mo.

**15.**

FILED 3-6-28 Mrs. E. E. Farnham  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-1928

17. I HEREBY CERTIFY, That I attended deceased from 11/1/27  
 1927, to 3/2, 1928  
 that I last saw h. er alive on 3/2, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterio-Sclerosis

B2D  
97175A  
15A (duration) 5 yrs.      mos.      da.  
 CONTRIBUTORY Hemiplegia  
 (SECONDARY) (duration) 1 yrs.      2 mos.      da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. G. Atwood, M. D.  
3/5, 1928 (Address) Sarrollton, 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      DATE OF BURIAL

Wabunda Cemetery 3-4 1928

20. UNDERTAKER      ADDRESS

Staudley Sarrollton

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.

