20 1928

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

Do not use this space.

32915

**1. PLACE OF DEATH**

County Callawy, Registration District No. 104 File No.

Township Fulton, Primary Registration District No. 5153 Registered No. 195

City (No. St. Ward)

**2. FULL NAME** Mrs, Marthia Gee,

(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. 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 | White | Married, |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife Of Warren Gee,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 26th, 1851

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 11 | 26 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

PARENTS

10. NAME OF FATHER Daniel Davis,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Va,

12. MAIDEN NAME OF MOTHER Mary Williams,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N,C,

14. INFORMANT Warren Gee, (Address) Fulton, Mo,

15. FILED Oct 23 1928 R. N. Crews REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1928, to Oct 22, 1928, that I last saw him alive on Oct 14, 1928, and that death occurred, on the date stated above, at About 7, A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

[illegible]

[illegible] (duration) yrs. mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? –

0 DID AN OPERATION PRECEDE DEATH? no DATE OF –

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Martin Yates, M. D

10-23, 1928 (Address) Fulton 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 |
|---|---|
| Hillcrest Cemetery | 10/23/28 19 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Herndon-Taylor Furn-Co, | Fulton, 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.