

WHITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

22 1929

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.

2274

1. PLACE OF DEATH

County Lawrence
Township Peace
City (No.)

Registration District No. 471
Primary Registration District No. 5634

File No. 7
Registered No. 12
St. Ward

2. FULL NAME

Martha A. Sexton

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11-1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
92 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds

10. NAME OF FATHER Jessie Smith

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

12. MAIDEN NAME OF MOTHER Jessie West

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

14. INFORMANT (Address) William Sexton
Peace City Mo.

15. FILED 2/9 1929 H. Ross Clark
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 1926 to Jan 16 1929
that I last saw him alive on Dec 10 1925, and that death occurred, on the date stated above, at 8:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
930
97 (duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10? yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TESTS CONFIRMED DIAGNOSIS? Physique

(Signed) H. Ross Clark, M. D.
, 19 (Address) Peace City, 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
Family Cemetery Jan 18 1929

20. UNDERTAKER ADDRESS
Wm. Hessel Jr. Peace City Mo.

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1951-1952

1951-1952