

AUG 22 1929

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

Do not use this space.

23715

1. PLACE OF DEATH

County Caldwin  
Township Martinsburg  
City Martinsburg

Registration District No. 25

Primary Registration District No. 2019

File No. 49

Registered No. 49

St. Mo.

Ward

2. FULL NAME

(a) Residence. No. Martha

(Usual place of abode)

St. Mo.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Yrs. 18

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

White

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)

June 5<sup>th</sup> 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

60

1

19

8. OCCUPATION OF DECEASED

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

At home

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

Same

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Martinsburg Mo

10. NAME OF FATHER

W. H. H. H.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Martinsburg Mo

12. MAIDEN NAME OF MOTHER

Walter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Martinsburg Mo

14.

INFORMANT

(Address)

Martinsburg Mo

15.

FILED

7/26 29 USA - District 8 in

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 2<sup>nd</sup> 1929

17.

I HEREBY CERTIFY That I attended deceased from July 2<sup>nd</sup> 1929 to July 2<sup>nd</sup> 1929, that I last saw her alive on July 2<sup>nd</sup> 1929, and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cancer of large intestine

CONTRIBUTORY (SECONDARY)

46 C (duration) 1 yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

W. H. H. H.

M. D.

7/24 1929 (Address) Martinsburg Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Martinsburg

7-26 1929

20. UNDERTAKER

ADDRESS

W. H. H. H.

W. H. H. H.

