P R Williams

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

Do not use this space.

36557

File No.

Registered No. 238

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125

Township: " " — Primary Registration District No. 5178

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Martha J Engram

(a) Residence. No. RFD #2 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 Wm Engram

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	10	10	

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): .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Ed Joyce

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

12. MAIDEN NAME OF MOTHER Georgiana Anell

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

14. INFORMANT Wm Engram
(Address) RFD #2

15. FILED 11-11, 1929 W C Koenpe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1929, to Nov. 10 1929 that I last saw her alive on Nov. 10, 1929 and that death occurred, on the date stated above, at 5 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerrebral Hemorrhage
8 2 A

..... (duration) ..... 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? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. Paul R. Williams M.D. , 19 (Address) Cape Girardeau, 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: Joyce Cemetary — DATE OF BURIAL: Nov 13 1929

20. UNDERTAKER: Lorberg F & U Co — ADDRESS: Cape Gir 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.