

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

Do not use this space.

1049

3515
4208

PLACE OF DEATH
 County Hennepin Registration District No. _____
 Township Deepwater Primary Registration District No. _____
 City Deepwater St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Martha D. Feaster
 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
73 8 7
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work house keeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brentonsville (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER Edwin Cobb
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Bishop
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

14. INFORMANT Mary Scott (Address) Deepwater
 15. J. P. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) - 11 - 1931
 17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931 to 1-11, 1931 that I last saw her alive on 1/10, 1931, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Lovers
 (duration) ____ yrs. ____ mos. ____ ds.
 CONTRIBUTORY (SECONDARY) U.C.C.
 (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. P. Russell, M. D.
 (Address) Deepwater

*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 Hopewell Mo DATE OF BURIAL 1-13 1931
 20. UNDERTAKER Tom Howard ADDRESS Deepwater

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PARENTS



