

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

Do not use this space.

4810

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
 Township Witch Primary Registration District No. ~~575~~
 City (No. 575) St. _____ Ward _____

2. FULL NAME

Martha Surface
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Surface</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE YEARS MONTHS DAYS <u>100 Not Exact</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22- 1931
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 20- 1931, to Feb. 22- 1931 that I last saw her alive on Feb. 20- 1931, and that death occurred, on the date stated above, at 12 o'clock a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Old and Pneumonia
11A
 (Duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 11C
 (Duration) _____ yrs. _____ mos. _____ ds.

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

PARENTS	10. NAME OF FATHER <u>Pine</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Kiwan</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. S. Markel M. D.
 , 19 (Address) Allenville Mo.

14. INFORMANT Henry Surface
 (Address) De Witt Mo
 15. FILED 2/25-31 J. M. Deagle REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Russion Cemetery DATE OF BURIAL Feb 23 1931
 20. UNDERTAKER Combs & Co ADDRESS Jackson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 24 1931

