

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis, Mo.** (No. **4033a Botanical Avenue** St. Ward)

15863

File No.
 Registered No. **4322**
 St. Ward)

2. FULL NAME Martha A. Showman

(a) Residence. No. 4033a Botanical Avenue, 17 Ward. (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 in word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William A. Showman**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 12, 1877**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	53	10	26	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Housewife 235**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Bonne Terre,**
 (STATE OR COUNTRY) **Missouri** /

PARENTS
 10. NAME OF FATHER **George Miller**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) **Missouri**
 12. MAIDEN NAME OF MOTHER **Malesk Stranghan**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) **Missouri**

14. INFORMANT Wm A. Showman
 (Address) **4033a Botanical Avenue**

15. FILED May 19 1931
Wm C. Harkey
 REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 8th, 1931**

17. **I HEREBY CERTIFY**, That I attended deceased from April 8 1931 to April 8 1931 that I last saw h. alive on April 8, 1931, and that death occurred, on the date stated above, at 7:18 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
97
102 (duration) yrs. mos. ds. **3 hrs.**

CONTRIBUTORY (SECONDARY) Arteriosclerosis
and High Blood Pressure (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no (1)
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Wm A. Showman M. D.
4-9-1931 (Address) Robert Beard

*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 **Bonne Terre, Mo.** DATE OF BURIAL **Apr. 11, 31**

20. UNDERTAKER Wm C. Harkey ADDRESS **2201 S. Grand**

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

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.

Mr. [unclear]
306 N. [unclear]
11-3 P.M.