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.

JUN 26 1931

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

Do not use this space.

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No. 18363

Township Marion — Primary Registration District No. 3020 — Registered No.

City Chapman Hospital, Carthage Mo. St. Ward)

2. FULL NAME Martha N. Cruzan

(a) Residence, No. Sixth & Lyon St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 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 H. H. Cruzan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1848

7. AGE: YEARS 82 — MONTHS 11 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 221
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Indiana

FATHER

13. NAME George Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Charles Cruzan Elk River, Minnesota

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE May 21, 1931

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Missouri

20. FILED 5/20, 1931 V. H. Ritchie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to May 19, 1931

I last saw her alive on May 19, 1931. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mitletus — Date of onset

59

59

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Chemical Test — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) U. S. Chapman, M. D.

(Address) Carthage Mo