

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.

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

Do not use this space.

36833

1. PLACE OF DEATH

County *Dates*
Township *Stone Cut*
City (No.)

Registration District No. *53*
Primary Registration District No. *5083*

File No. _____
Registered No. *277* St. _____ Ward _____

2. FULL NAME

Martha E. Gorum

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm Gorum*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 1, 1848*

7. AGE YEARS *83* MONTHS *10* DAYS *1* If LESS than 1 day, _____ hrs. or _____ min.

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.

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) *Marion Co Indiana*

13. NAME *Wm. Carlton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Hattie Redding*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT (ADDRESS) *Wm Gorum Queen Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Buried* DATE *Nov 4* 19*31*

19. UNDERTAKER (ADDRESS) *Leubers 1111 S. 1st St. Queen Mo.*

20. FILED *W H 31* Registrar *James Allen*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 2, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 29*, 19*31*, to *Nov 7*, 19*31*. I last saw him alive on *Oct 29*, 19*31*. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Age High Blood Press

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *E. J. C. Hustace* M. D. (Address) *Butler Mo*

