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.

43237

1. PLACE OF DEATH

County Webster — Registration District No. 897 — File No.

Township Hazelwood — Primary Registration District No. 6102 — Registered No. 41

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Martha E. Mitchell

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(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.

## 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) 1852 - april 19

7. AGE: YEARS 79 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Ash Co. North C.

FATHER

13. NAME Hiram Mink

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Mary Nye

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North C.

17. INFORMANT (ADDRESS) Ida M Lytle Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic DATE 12/23 1931

19. UNDERTAKER (ADDRESS) K K Kelley Seymour

20. FILED 1723 1931 L A Watson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1931, to 12/22, 1931

I last saw her alive on Dec 22, 1931. Death is said to have occurred on the date stated above, at 9.30 am.

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

Date of onset

Dropsy

Other contributory causes of importance: Heart

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) [signature] M. D.

(Address) Seymour Mo