

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

Do not use this space.
Bamhart.
5776
2

1. PLACE OF DEATH
 88 County *Randolph* Registration District No. *129*
 Township *Cairo* Primary Registration District No. *1963*
 City *Cairo* (No. *1*) St. _____ (Ward) _____

2. FULL NAME *Martina Torres*
 (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 *Female*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm Torres*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 12 - 1848*

7. AGE YEARS *83* MONTHS *2* DAYS *19* If LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Randolph Co Mo*

10. NAME OF FATHER *Richard Gooding*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Randolph Co Mo*

12. MAIDEN NAME OF MOTHER *Elvira Dameron*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Randolph Co Mo*

14. INFORMANT *Wm Torres*
 (Address) *Cairo Mo.*

15. FILED *19 32* *J.P. Allan* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 1 1932*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 1931* to *Feb 1 1932*
 that I last saw her alive on *Jan 28 1932* and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic degenerative myocarditis
930
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *None*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) *W.A. Bennett* M.D.
 , 19 _____ (Address) *Kimsvell Mo*

*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 *Oakland Cemetery* **DATE OF BURIAL** *Feb 2 1932*

20. UNDERTAKER *Shaw-Hearton* **ADDRESS** *Moberly Mo*

Please return.

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.

APR 28 1932

