

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

Do not use this space.

9846

**1. PLACE OF DEATH**

95 County ..... Registration District No. 780  
1 Township ..... Primary Registration District No. 4466  
4 City Sto Genevieve (No. ...., St. .... Ward)

File No. ....  
Registered No. 21  
St. .... Ward)

**2. FULL NAME MARTHA E. WARREN**

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

Length of residence in city or town where death occurred yrs. 1 mos. 16 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  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF RICHARD WARREN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 19 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 9 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) TERRY COUNTY (STATE OR COUNTRY) MISSOURI

13. NAME WILLIAM RHYNE

14. BIRTHPLACE (CITY OR TOWN) FERRY COUNTY (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) 31

17. INFORMANT Miss L. J. Cox (ADDRESS) Sto Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE PEARSONS GROVE No DATE APRIL 1 1932

19. UNDERTAKER John Barber (ADDRESS) Sto Genevieve Mo

20. FILED Mar 30 1932 T. W. Douglas Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1932 to March 30 1932

I last saw h. e. r. alive on March 30 1932. Death is said to have occurred on the date stated above, at 4:59 a.m.

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

Arteriosclerosis  
Chronic Myocarditis - Nephritis  
131  
930  
930

Date of onset  
?  
?  
April 1931

Other contributory causes of importance:  
Old Right Hemiplegia

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical 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? No  
If so, specify

(Signed) Dr. L. J. Cox, M. D.  
(Address) Sto Genevieve Mo

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 29 1932

