

Liter.

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

Do not use this space.

1. PLACE OF DEATH

1 County Bates  
3 Township  
4 City Butler (No. ....)

Registration District No. 50  
Primary Registration District No. 3004

File No. 11544  
Registered No. 39  
St. .... Ward)

2. FULL NAME

Martin L. Urdew

(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 male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
76 4 10

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

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) Weald Place no 2 (STATE OR COUNTRY) Indiana

13. NAME Stratton Urdew

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

15. MAIDEN NAME Louise Thompson

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

17. INFORMANT Mrs M. L. Urdew (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kalmer's Indiana DATE April 3, 1932

19. UNDERTAKER A. Culver (ADDRESS) Butler Mo

20. FILED 5/29 1932 Neira L. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to April 29 1932

I last saw him alive on April 28 1932 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:

Chronic Pulmonary tuberculosis  
3A  
29  
Other contributory causes of importance: 29  
Pulmonary tuberculosis

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 Cancer of lungs

(Signed) Neira L. Culver, M. D.

(Address) Butler, 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.

MAY 23 1932

