

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.

11602

1. PLACE OF DEATH
10 County Boone Registration District No. 73
3 Township Lebanon Primary Registration District No. 3006
8 City Lebanon St. _____ Ward _____

2. FULL NAME Martha J. Cuthbert
(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 (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF June 26 - 1851
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1851
7. AGE YEARS 80 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
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) (STATE OR COUNTRY) Boone Co. Mo.
13. NAME James Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
15. MAIDEN NAME Hannah Melchior
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
17. INFORMANT Mrs. F. E. Reed
(ADDRESS) Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Church of Christ DATE 4-28 1922
19. UNDERTAKER Thos. McPherson
(ADDRESS) Columbia, Mo.
20. FILED 4/20/1932 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1932
22. I HEREBY CERTIFY That I attended deceased from March 28 1932 to April 19 1932
I last saw him alive on April 18 1932 Death is said to have occurred on the date stated above, at 12:30 p. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Coronary Sclerosis
930
17 931
Other contributory causes of importance:
Coronary Sclerosis
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) Stephen D. Smith M. D.
(Address) Columbia, Mo.

