

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

Do not use this space.

19339

1. PLACE OF DEATH

45 County Louise
Township Bonsheer
City (No. _____) _____

Registration District No. 377
Primary Registration District No. 3525-

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME Mrs. Martha Gawett

(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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed Gawett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-23-1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>3</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		11. Total time (years) spent in this occupation _____
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) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

13. NAME Andrew Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Mary Ann Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs A Wilkerson
(ADDRESS) Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE 6-5 1932

19. UNDERTAKER Ed. Sweeney
(ADDRESS) Miss Franklin Ave

20. FILED 6-4 1932 Pross Finner Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-2 1932, to 6-3-32 1932.
I last saw ha alive on 6-2 1932. Death is said to have occurred on the date stated above, at 7:35 a.m.

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

Myocarditis, chronic Date of onset 1931
930
162
Other contributory causes of importance: Senility

Name of operation none Date of _____
What test confirmed diagnosis? none 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) T. C. Berkett M. D.
(Address) Boonville Mo

WRITE PRINTED, 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.

JUL 23 1932

