

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

Do not use this space.

25654

**1. PLACE OF DEATH**

County Cydonia  
Township Stanton  
City Stanton (No. ....)

Registration District No. 166  
Primary Registration District No. 4297

File No. ....  
Registered No. 79  
St. .... Ward)

**2. FULL NAME**

MARTHA E. LORTON

(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 Frank Lorton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
75 6 19

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

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) Inde 2

13. NAME J. N. Guvier

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

15. MAIDEN NAME Mary Sumner

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

17. INFORMANT (ADDRESS) Oliver Lorton  
Stanton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton, Mo. DATE Aug 30, 1932

19. UNDERTAKER (ADDRESS) W. S. Davis & Co.  
Stanton, Mo.

20. FILED Sept 1932 E. S. Smith Registrar.  
Mary Bayler

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932 to Aug 29, 1932

I last saw her alive on Aug 28, 1932 Death is said to have occurred on the date stated above, at 1:20 m.

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

Broncho pneumonia  
HA  
1019

Date of onset

Other contributory causes of importance:

Flu (1)

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) T. A. Simell, M. D.  
(Address) Stanton Mo.

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.

REC 22 1932

~~No~~

11345  
3774  
-----  
7571