

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.

NOV 28 1932

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

Do not use this space.

34396

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Marshall Primary Registration District No. 3038
City Marshall (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Martha Crozarker

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Crozarker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1881

7. AGE YEARS 51 MONTHS 2 DAYS If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Mo 1

13. NAME Henry Spears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Arthur Crozarker

18. BURIAL, CREMATION, OR REMOVAL PLACE Finch Creek Cem DATE Nov 1 1932

19. UNDERTAKER (ADDRESS) Ferguson Williams

20. FILED 11-1-32 1932 A. C. Putnam Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sep 26 1932 to Oct 30 1932. I last saw him alive on Oct 28 1932. Death is said to have occurred on the date stated above, at 10.4 m.

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

Acute Endocarditis Date of onset 9/22/32
56F
91A
156B

Other contributory causes of importance: Acute rheumatic myositis 9/16/32

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? Yes

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? Yes
If so, specify

(Signed) H. Manning M. D.
(Address) Marshall, Mo

