

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

Do not use this space.

108 ² B

1. PLACE OF DEATH

County Ramsey Registration District No. 29
Township Flat Creek Primary Registration District No. 5038
City (No.) St. Ward

File No.
Registered No. 2 St. Ward

2. FULL NAME

Martha S. Stubblefield
(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 Clay Stubblefield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 94A 26 92
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) marial (STATE OR COUNTRY) all

MOTHER 13. NAME Albert Hendest

FATHER 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME don't know

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

17. INFORMANT Albert Stubblefield (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Baranah DATE Jan 15 1933

19. UNDERTAKER W. P. K. and (ADDRESS) Cassville, Mo.

20. FILED June 1, 1933 Mrs. H. R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 to Jan. 10, 1933
I last saw her alive on Jan. 10, 1933 Death is said to have occurred on the date stated above, at 5:24 m.
The principal cause of death and related causes of importance were as follows:

Angina pectoris
74-11
Other contributory causes of importance:
Hypertension
arterio-sclerosis.

Name of operation Date of
What test confirmed diagnosis? X-Ray 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) E. H. Smith
(Address) Cassville, 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.

JUN 20 1935

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Dpt.

