FEB 28 1933

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

Do not use this space.

2007

File No.
Registered No. 6

1. PLACE OF DEATH
County Jefferson
Registration District No. 421
Township Joachim
Primary Registration District No. 5575
City Pevely (No. St. Ward)

2. FULL NAME Martha Ardenreith
(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 August Ardenrieth Sr.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1859
7. AGE YEARS 73 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 108
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16V
10. Date deceased last worked at this occupation (month and year) 1920
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

FATHER
13. NAME Hiram Bone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Matilda Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT August Ardenrieth
(ADDRESS) Pevely Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pevely Mo. DATE 1/24/33, 19
19. UNDERTAKER Duester and Vinyard
(ADDRESS) Festus Mo.
20. FILED 1/22, 1933 J. E. Rutledge *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22., 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 22, 1933
that I last saw her alive on Jan 21st, 1933. Death is said to have occurred on the date stated above, at 1:10 A.M.
The principal cause of death and related causes of importance were as follows: Date of onset

Croupous Pneumonia

108

Other contributory causes of importance: age

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) Dr. O. E. Hendley, M. D.
(Address) Herculaneum 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD