

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

Do not use this space.

6425

**1. PLACE OF DEATH**

60 County McDonald  
Township Elk River  
City Maell (No. \_\_\_\_\_)

Registration District No. 963  
Primary Registration District No. 5699

File No. 196  
Registered No. 3 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Martha Prickett

(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 30 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 See Prickett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 79 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Missouri

13. NAME Edward Obe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Glen Prickett (ADDRESS) Maell Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Maell Mo DATE Feb 26, 1939

19. UNDERTAKER See Connell (ADDRESS) Disenjoy Missouri

20. FILED Feb 26, 1939 J. L. Minton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1938 to Feb 9 1939. I last saw him alive on Feb 24 1939. Death is said to have occurred on the date stated above, at 1:45 Am.

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

Pulmonary Tuberculosis  
12 23

Date of onset

Other contributory causes of importance:

none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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\_\_\_\_

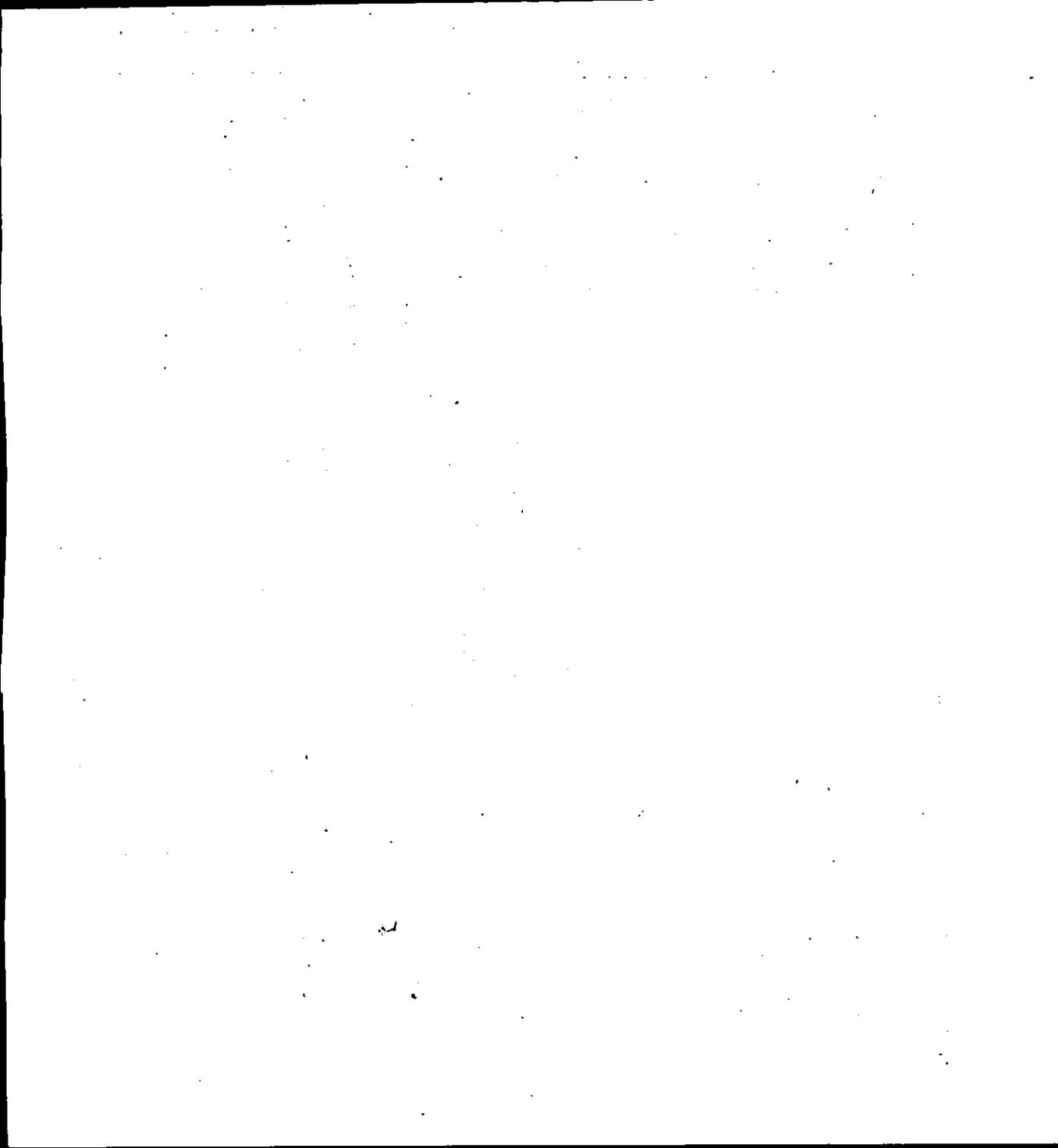
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) J. L. Minton, M. D.  
(Address) Maell Missouri

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.





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