

MAY 22 1933

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

Do not use this space.

12385

1. PLACE OF DEATH

10 County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 5112City Boone County Infirmary (No.)

St. Ward)

2. FULL NAME Martha Jane Faddis

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-187. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 10 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper9. 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) Madison Co Mo13. NAME Blakely Faddis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY15. MAIDEN NAME Jessie Payne16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY17. INFORMANT (ADDRESS) McDonald Faddis18. BURIAL, CREMATION, OR REMOVAL Buried DATE 4/24 193319. UNDERTAKER (ADDRESS) McDonald20. FILED 4/24/1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 193322. I HEREBY CERTIFY, That I attended deceased from April 5 1933 to April 23 1933I last saw her alive on April 22 1933. Death is said to have occurred on the date stated above, at 5 P. m.

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

Cancer of liver

Date of onset

Don't know

Other contributory causes of importance:

Name of operation Date of —What test confirmed diagnosis? Symptoms 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) W. A. Norris, M. D.(Address) Columbia Mo.

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.

