

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

Do not use this space.

**20369**

File No. \_\_\_\_\_  
Registered No. 186  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3079  
City Hannibal (No. 2910) St. St. Marys

**2. FULL NAME** Martha Jane Piper

(a) Residence, No. 2910 St. Marys 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Piper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 5, 1849</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>5</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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) <u>Belfast Ireland</u>		
13. NAME <u>Samuel Nesbit</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no data</u>		
15. MAIDEN NAME <u>Mary Jan Pratt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no data</u>		
17. INFORMANT <u>Mrs. W. B. Graves (Daughter)</u> (ADDRESS) <u>2910 St. Marys Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet</u> DATE <u>June 16, 1933</u>		
19. UNDERTAKER <u>Wm M Smith</u> (ADDRESS) <u>902 Broadway Hannibal, Mo.</u>		
20. FILED <u>June 20, 1933</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1933, to 6-13, 1933  
I last saw her alive on 6-13, 1933 Death is said to have occurred on the date stated above, at 11:25p.m.  
The principal cause of death and related causes of importance were as follows:  
Insolation  
191 191  
9/30

Other contributory causes of importance:  
Chronic myocarditis ?

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Frank B Goodrich M. D.  
(Address) Hannibal, 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.

JUL 23 1933

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