

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

Do not use this space.

20491

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 County New Madrid Registration District No. 58-0-0-345
 Township _____ Primary Registration District No. 8-4-5
 City Mattheus (No. _____) St. _____ Ward _____

2. FULL NAME Martha Ann Story
 (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1848

7. AGE YEARS 85 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Domestic
 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) Galconda, Ill.

FATHER
 13. NAME Richard Puelkerson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galconda, Ill.

MOTHER
 15. MAIDEN NAME Franca Baldussi
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galconda, Ill.

17. INFORMANT (ADDRESS) F. E. Story Mattheus

18. BURIAL, CREMATION, OR REMOVAL PLACE Mattheus DATE June 24, 1933

19. UNDERTAKER (ADDRESS) John Alblinton Sikeston, Mo.

20. FILED July 4, 1933 Jennie Colman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933

22. I HEREBY CERTIFY That I attended deceased from June 23, 1933, to June 23, 1933.
 I last saw him alive on June 23, 1933. Death is said to have occurred on the date stated above, at 3 A.M.
 The principal cause of death and related causes of importance were as follows:
Senility
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) Thomas B. McClure, M. D.
 (Address) Sikeston, 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.

JUL 25 1933

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