

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

Do not use this space.

25910

1. PLACE OF DEATH

21 County St. Louis Registration District No. 171
Township Keytesville Primary Registration District No. 4100 5277
City Keytesville (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Martha L. Stewart
(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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Rufus Stewart</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27 - 1951</u> | | |
| 7. AGE YEARS <u>82</u> | MONTHS <u>-</u> | DAYS <u>30</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Park County Mo</u> | | |
| MOTHER FATHER | 13. NAME <u>Henry Viles</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u> | |
| | 15. MAIDEN NAME <u>Sarah Laughlin</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | |
| 17. INFORMANT (ADDRESS) <u>Rufus Stewart</u> <u>Keytesville</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keytesville</u> DATE <u>Aug 28, 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Hyde & Stewart</u> <u>Keytesville Mo</u> | | |
| 20. FILED <u>Aug 27, 1933</u> <u>Zetta Sneed</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-15-1933 to 8-23-1933
I last saw her alive on 8-23-1933 Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
arteriosclerosis
High B.P.
Other contributory causes of importance:
945
97
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? No.
If so, specify _____
(Signed) A. J. Johnson, M. D.
(Address) Keytesville

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.

SEP 26 1933

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