

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

Do not use this space.

29499

1. PLACE OF DEATH

County Iron
Township Arcadia
City Wentzville (No. _____)

Registration District No. 391
Primary Registration District No. 5546a

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME Martha A. Deaton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 (OR) WIFE OF <u>George N. Deaton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/11/1849</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	13. NAME <u>Unremoved Ross</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Martha A. Ross</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>L.H. Walls Arcadia mo.</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL Place <u>Arcadia Mo</u> DATE <u>Sept 28, 1933</u>
	19. UNDERTAKER (ADDRESS) <u>Wentzville</u>
20. FILED <u>Oct 11, 1933</u> <u>R.A. Rasche</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933 to Sept 27, 1933
I last saw her alive on Sept 27, 1933 Death is said to have occurred on the date stated above, at 5:00 in.
The principal cause of death and related causes of importance were as follows:
Paralysis
Date of onset _____

Other contributory causes of importance:
820 82 10

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) E.H. Bamhauer, M. D.
(Address) Wentzville 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.

Oct 20 1933

