

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

Do not use this space.

32810

1. PLACE OF DEATH

County Green Registration District No. 321
Township Clay Primary Registration District No. 5444
City Yellow Springs, Mo., R. 1 St. _____ Ward _____

File No. 32
Registered No. _____

2. FULL NAME

Martine E. Churn
(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 (write the name of HUSBAND or (OR) WIFE OF) <u>John Churn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21 1855</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>3</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>House Keeper</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>Mo.</u>		
FATHER	13. NAME <u>Amos Gilbeek</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Melissa Coverley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Man Harding</u> <u>Republic Mo. RR</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dixon</u> DATE <u>Oct 25 1933</u>		
19. UNDERTAKER (ADDRESS) <u>T. B. Chaffin</u> <u>Gate 2nd</u>		
20. FILED <u>Nov 9 1933 Mrs E. C. Proctor</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933, to Oct 24, 1933
I last saw h. En alive on Oct. 22, 1933. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
82A
102
Other contributory causes of importance:
Arteriosclerosis

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? NO
If so, specify _____
(Signed) Russell F. Elkies, M. D.
(Address) Springfield 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.

NOV 10 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

