

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

Do not use this space.

33833

1. PLACE OF DEATH

County New Madrid

Registration District No. 684

Township Marston

Primary Registration District No. 5802

City Marston (No. _____)

St. _____ Ward _____

2. FULL NAME

Memie R. Menette Martin Kirby

(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>	
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. N. Kirby</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5 - 1898</u>					
7. AGE YEARS <u>35</u>		MONTHS <u>5</u>		DAYS <u>17</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</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>Tenn.</u>					
13. NAME <u>J. H. Martin</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>					
15. MAIDEN NAME <u>Vernie Patton</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>					
17. INFORMANT <u>J. N. Kirby</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Park</u> DATE <u>Oct 22 1933</u>					
19. UNDERTAKER (ADDRESS) <u>Richards and Co., New Madrid</u>					
20. FILED <u>10/23/1933</u> <u>W. H. O'Bannon</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd, 1933, to Oct 21st, 1933.
I last saw her alive on Oct 21st, 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Malaria
Other contributory causes of importance:
50
60

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? _____
If so, specify Claude M. Warren, M. D.
(Signed) _____
(Address) Marston Ind

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 20 1933

10/23/1

