

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.

FEB 27 1934

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

Do not use this space.
775
1120
1120

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 790
 City Springfield, Mo. 141.55. Nickapoo St. _____ Ward) _____
 2. FULL NAME Martha B. Esslinger
 (a) Residence (No. 1022 McLee 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 White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Esslinger (Dec)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
 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) Cabool Mo.
 13. NAME Wm P. Goach
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 744
 15. MAIDEN NAME Delilah Wall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 744
 17. INFORMANT Mrs Mary Grandin
 (ADDRESS) 14155 Nickapoo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs, Mo. DATE Jan 4 1934
 19. UNDERTAKER (ADDRESS) Spicher & Meyer
Springfield, Mo.
 20. FILED 1-14-34 14155 Nickapoo Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 - 1934
 22. I HEREBY CERTIFY That I attended deceased from Dec 11 1933, to Jan 13 1934
 I last saw her alive on Jan 1 1934. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
Pneumonia
 Date of onset 12/1/33
 Other contributory causes of importance:
Nephritis chronic
Irregular heart action probably functional or hyperthyroidism.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury ? 19?
 Where did injury occur? X (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) M. Goach M. D.
 (Address) Springfield, Mo.

