

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.

728 87 1934

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

Do not use this space.

883

1. PLACE OF DEATH

County Linn Registration District No. 328
Township Linn Primary Registration District No. 5462
City Summit (No. _____ St. _____ Ward _____)

2. FULL NAME

Martha Elizabeth Proctor
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Brown Proctor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>80</u>	<u>8</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Linn Co Mo

13. NAME N. M. Linn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co Kentucky

15. MAIDEN NAME Martha Crockett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co Kentucky

17. INFORMANT Albert Proctor
(ADDRESS) Summit Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Proctor Cemetery DATE Jan 25 1934

19. UNDERTAKER Timley Funeral Home Inc
(ADDRESS) Summit Mo

20. FILED 1-25 1934 Drene D. Jew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23rd 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 16, 1933, to Jan 23, 1934
I last saw her alive on Jan 23, 1934. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Intestinal Infection Date of onset _____

Other contributory causes of importance: HP

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 _____
(Signed) J. B. Wright, M. D.
(Address) 415 E. 9th Trenton Mo

