MAR 24 1934

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

Do not use this space.

File No. 4255

Registered No. 16

1. PLACE OF DEATH
County: Cedar — Registration District No. 163
Township: — Primary Registration District No. 4095
City: Eldorado Springs — St. — Ward)

2. FULL NAME: Martha J Stark

(a) Residence, No. 404 S Kirkpatrick St., 1st 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Wm Stark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-22-1853

7. AGE — Years: 80 — Months: 1 — Days: 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Va

FATHER
13. NAME: John Landers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Delila Skelton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT: Roy Slickenmyer
(ADDRESS) Eldorado Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cem DATE: 2-11, 1934

19. UNDERTAKER: Quinn-Siders
(ADDRESS) Eldorado Springs, Mo

20. FILED: 2/10, 1934 J W Dawson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1934 to Feb-9, 1934
I last saw her alive on Feb 9, 1934 Death is said to have occurred on the date stated above, at 4:15 P m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset
940

Other contributory causes of importance:

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) J W Dawson, M. D.
(Address) Eldorado Springs

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.