

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

Do not use this space.

11544

APR 25 1934

PLACE OF DEATH

County Schuylers Registration District No. 805
Township Glenwood Primary Registration District No. 0049
City (No.) St. Ward)

File No. 15
Registered No.

2. FULL NAME Martha E. Lasley
(a) Residence, No. St. Ward. (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>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. N. Lasley (deceased)</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17 - 1853</u> | | |
| 7. AGE | YEARS <u>80</u> | MONTHS <u>3</u> |
| | DAYS <u>13</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>Housewife</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>Schuylers, Co. Mo.</u> | | |
| FATHER | 13. NAME <u>Wm. Nelson Morehead</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mariah Lockett</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Maud Ryan Adm. War, Lau</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fabius Cemetery</u> DATE <u>Mar 31</u> 19 <u>34</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>John A. Roberts Pancaster, Mo.</u> | | |
| 20. FILED <u>Apr. 4</u> 19 <u>34</u> <u>Byrdie M. Drake</u> Registrar | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1934, to Mar 30 1934
I last saw her alive on Mar 30 1934 Death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:
Infirmities of age Date of onset
10 2 878
115 15
1000
Other contributory causes of importance:
Slight paralysis
affecting tongue and throat

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) M. L. Johnson M. D.
(Address) Glenwood Mo.

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.

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