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SEP 18 1934

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

Do not use this space.

30259

1. PLACE OF DEATH

County Nodaway  
Township 1  
City Maryville (No. ....)

Registration District No. 625  
Primary Registration District No. 3031

File No. ....  
Registered No. 98  
St. .... Ward)

2. FULL NAME Martha Ann Wickard  
West 4th St.

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)  
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. (If nonresident, give city or town and State)

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 Wilkanson B. Wickard  
June 11, 1864

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE 70 YEARS MONTHS 2 DAYS 8 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) Kewanna Ind. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME James Ware  
Ind.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Banhan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. Wes. Bagley.

18. BURIAL, CREMATION, OR REMOVAL Maryville Mo.  
PLACE Barnard Mo. DATE AUG. 20 1934

19. UNDERTAKER (ADDRESS) Price Funeral Home  
Maryville Mo.

20. FILED 8-20 1934 Maurice E. Hardy  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1934

22. I HEREBY CERTIFY, that I attended deceased from July 16 1934 to Aug 19 1934.  
I first saw her alive on Aug 19 1934. 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:

Acute dilatation of heart from an old myocarditis. Date of onset

Other contributory causes of importance:

Recent amputation of left leg for gangrene 1 1/2 years ago.

Name of operation Wilkanson Date of death Aug 19 1934  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury Aug 16 1934

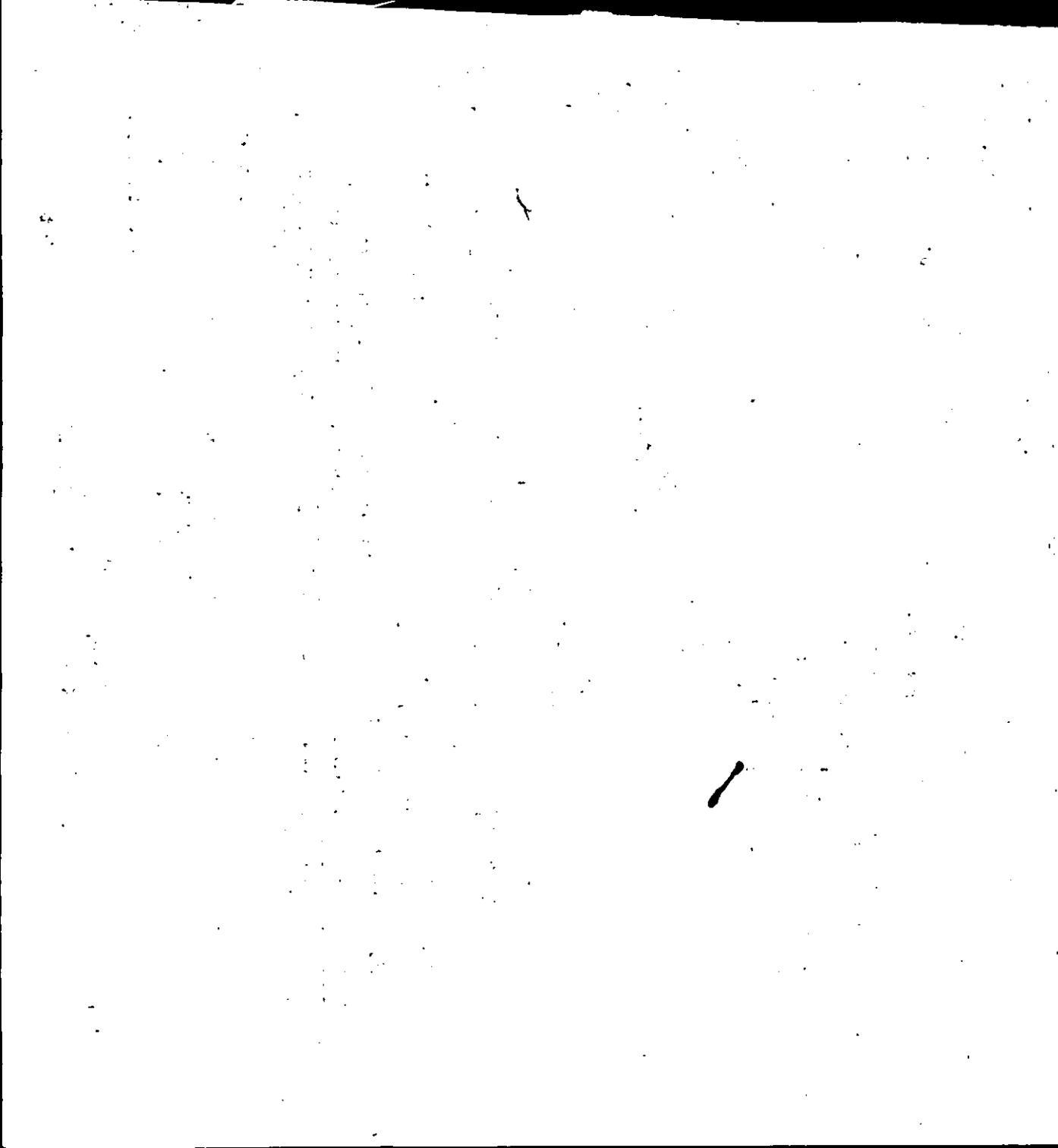
Where did injury occur? Ind. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Ind.  
Nature of injury Ind.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Chas. J. Bee, M. D.  
(Address) Maryville, Mo.

Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly.



#2 *Nodaway*  
*C 7 Bell*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Martha Ann Wickard  
Who died at \_\_\_\_\_ on Aug - 19 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex F Color or race W Single, married, widowed or ~~divorced~~: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 70 Months 2 Days 80

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: \_\_\_\_\_

*Recent amputation of left leg. for gangrene of foot following*  
Other contributory causes of importance *long standing Diabetes*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician Chas. T. Bell

Address of physician Marysville

(Signature of Registrar) Mamie E. Clardy Date filed 8-26-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 625-

Very truly yours,

*E. T. McGaugh*

Primary Reg. Dist. No. 3031

*Chas. T. Bell*

Special Agent.

State Registrar

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