JAN 12 1935

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

Do not use this space.

42631

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 630
Township — Primary Registration District No. 72001 — Registered No.
City Springfield (No. 1117 Grove St. St. Ward)

2. FULL NAME Martha Elizabeth Sears
(a) Residence, No. 1117 Grove St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph J. Sears
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 25-1865
7. AGE: YEARS 69 — MONTHS 1 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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): Tennessee

FATHER
13. NAME: Greer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Miranda A. Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Alpha O. Sears, 1117 Grove
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crocker DATE Dec 21, 1934
19. UNDERTAKER (ADDRESS): Herman L. Limeyer, Springfield Mo.
20. FILED 12-28, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 19, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1934, to Dec 19th, 1934
I last saw her alive on Dec 19th, 1934. Death is said to have occurred on the date stated above, at 11 20 a.m.
The principal cause of death and related causes of importance were as follows:
Perforation of Stomach by Ulcer. — Date of onset 12-18-34
1179
Other contributory causes of importance: Long continued stomach conditions. diagnosed peptic ulcers.
Name of operation: None — Date of
What test confirmed diagnosis? Y — 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 X, 19
Where did injury occur? Y
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury: none
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. E. Payl, M. D.
(Address) Springfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.