

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

Do not use this space.

4100

MAR 2 1935

1. PLACE OF DEATH

County Texas Registration District No. 862
Township Burdine Primary Registration District No. 6135
City Abilene (No. _____) St. _____ Ward _____

File No. _____
Registered No. 45

2. FULL NAME

Martha Francis White

(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 40 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 N. B. White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 19

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) Sept. 1933 11. Total time (years) spent in this occupation 35

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

MOTHER 13. NAME Peter Womack

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

15. MAIDEN NAME Martha Ann Johnson

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

17. INFORMANT Mrs. Jim Robinson (ADDRESS) Abilene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Abilene Cemetery DATE Jan 27, 1935

19. UNDERTAKER Gaylord D. Elliott (ADDRESS) Abilene, Mo.

20. FILED Feb 8 1935 Mrs. Gloris Gunn Registrar (Address) Abilene, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1934, to Jan 26, 1935
I last saw him alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
50
Date of onset _____
Other contributory causes of importance: _____

Name of operation Breast amputation Date of 1935
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) Jim Edwards, M. D.
Abilene, Mo.

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.

