

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.

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

Do not use this space.

MAR 27 1935

6255

**1. PLACE OF DEATH**

County Nodaway Registration District No. 6251 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3031 Registered No. 33  
 City Maryville Mo. (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Martha Ellen Partridge St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (a) Residence, No. \_\_\_\_\_ (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 8 1851</u>		
7. AGE <u>83</u>	YEARS <u>2</u>	MONTHS <u>16</u>
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) Nodaway Co. Mo.

13. NAME Silas Mozingo

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

15. MAIDEN NAME Mary Jane Griffith

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

17. INFORMANT Charley Partridge  
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Irish Cemetery DATE Feb. 25 1935

19. UNDERTAKER Price Fur Co.  
(ADDRESS) Maryville Mo.

20. FILED 2-25-35 Mamie G. Clardy  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from October, 1934, to Feb 25, 1935  
 I last saw her alive on Feb 15, 1935 Death is said to have occurred on the date stated above, at 4:50 p.m.

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

General arteriosclerosis many years  
gangrene of leg Date of onset Jan 1934

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? exam only 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. A. Blommer, M. D.  
 (Address) Maryville Mo.

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