

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

Do not use this space.

15396

' JUN 5 1935

1. PLACE OF DEATH

County Warren
Township Belknap
City Warrenton (No. _____) St. _____ Ward _____

Registration District No. 881
Primary Registration District No. 6171

File No. _____
Registered No. 13

2. FULL NAME

Martha Washington Painter

(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 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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Tyler Painter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 - 1854</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>2</u>
		DAYS
		<u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forestville Mo</u>		
13. NAME <u>Lammal Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
15. MAIDEN NAME <u>Martha Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
17. INFORMANT (ADDRESS) <u>J. H. Painter Warrenton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrenton Ky</u> DATE <u>4/10</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>F. W. Anderson Warrenton Mo</u>		
20. FILED <u>April 10, 1935</u> <u>at Warrenton</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th 1935

I HEREBY CERTIFY, That I attended deceased from April 5th 1935 to April 8th 1935
last saw him alive on April 8th 1935. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Myocardial Infarction Date of onset April 5th 1935

Other contributory causes of importance
Arteriosclerosis

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 _____, 1935

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) J. H. Painter M. D.

(Address) Warrenton Mo

Registrar.

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.

