

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

Do not use this space.

15428

**1. PLACE OF DEATH**

County Worth Registration District No. 10 3-7  
 Township Wiley Primary Registration District No. 6214  
 City Russell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mantha Jane Marston  
 (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 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Marston  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1861  
 7. AGE YEARS 73 MONTHS 0 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired Housekeeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lived with son  
 10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation \_\_\_\_\_

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

MOTHER FATHER 13. NAME J. C. Young

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

15. MAIDEN NAME Winkenshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Oscar Shamo (ADDRESS) Russell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Efford Cemetery DATE 4/14 1935

19. UNDERTAKER Arch S. Dumble (ADDRESS) Russell City, Mo.

20. FILED April 13, 1935 - Mrs. W. H. Bond Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 11 1935  
 22. I HEREBY CERTIFY, That I attended deceased from April - 5 1935 to April - 11 1935  
 I last saw her alive on April 10 1935. Death is said to have occurred on the date stated above, at 12:09 a.m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis of heart Date of onset 134

Other contributory causes of importance: Illness 4-1-35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physiologist 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. no  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. J. Ross M. D.  
 (Address) Russell City, 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.

