LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

JUL 25 1935

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

Do not use this space.

20446

PLACE OF DEATH
County Monroe
Township Southfork
City ..... (No. ..... St. ..... Ward)

Registration District No. 5-86
Primary Registration District No. 0784

File No. 4
Registered No. 4

FULL NAME Martha Elizibeth Peck Waltz

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

gth 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

	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word)
male	White	Married

MARRIED, ~~WIDOWED, OR DIVORCED~~
HUSBAND OF
(OR) WIFE OF [illegible]

E OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3 1865

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9	20	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

THPLACE (CITY OR TOWN)
TATE OR COUNTRY) Monroe Co Mo

NAME Jerry Peck

BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ky

MAIDEN NAME Nancy Young

BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

ORMANT Joe Waltz (Husband)
DDRESS) Long Branch Mo

IAL, ~~CREMATION~~ OR REMOVAL Cemetary
ACE Long Branch DATE June 24 1935

ERTAKER Snyder & Hanger
DDRESS) Santa Fe Mo

D July 10 1935 Effie B. Drake
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to June 25, 1935
I last saw her alive on June 20, 1935 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) M. C. McMurry, M. D.
(Address) Paris Mo

V. S. No. 2-A

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2-A

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1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No.....

City..... (No....., ... St. .....

2. FULL NAME.....

(a) Residence, No..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and St

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE | YEARS | MONTHS | DAYS | 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.....

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT.....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....19.....

19. UNDERTAKER.....
(ADDRESS)

20. FILED....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended decea

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Nature of injury.....

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If so, specify.....

(Signed).....

(Address).....