APR 17 1936

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

Do not use this space. 17

5200

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: Cooper
Township: Lebanon
City: Otterville (No. ..... St. ..... Ward)

Registration District No. 24
Primary Registration District No. 5300

2. FULL NAME: Martha Annie Wilson

(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 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jess H. Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 29, 1849

7. AGE: Years 86 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: John Schaffer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: ~~Coffman~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown

14. INFORMANT: Jesse H. Wilson
(Address): Otterville, Mo

15. FILED: 4/17, 1936 Robt K Fogle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 16 1936

17. I HEREBY CERTIFY, That I attended deceased from Feb, 1936 to Feb 16, 1936, that I last saw h. alive on Feb 12, 1936, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
..... (duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (SECONDARY): Hypertension Arthritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: .....
IF NOT AT PLACE OF DEATH: .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Robt K Fogle, M. D.
4/17, 1936 (Address) Otterville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
New Lebanon Cemetery	Feb 18 1936
20. UNDERTAKER	**ADDRESS**
Parker Funeral Service	Otterville, 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.

1936-12-17
1849-5-29
86-8-18