

APR 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11151

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Jasper Primary Registration District No. 3020
City Carthage Mo (No. 1101) Jasper St. St. Ward

2. FULL NAME Josephine Wood Martin
(a) Residence, No. 1023 Elm St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH (6)

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles P. Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 77

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6/36 1936
22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1936, to Mch 6, 1936
I last saw her alive on Mch 5, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Toxic Adenoma - Thyroid
Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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

Other contributory causes of importance:
Chronic Mitral insufficiency

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ill
13. NAME T. M. Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
15. MAIDEN NAME Sarah Wooters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no
23. If death was due to external cause (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.

17. INFORMANT Her Records
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Berk Cemetery DATE 3/10 1936
19. UNDERTAKER Oliver Funeral Home
(ADDRESS) Carthage Mo
20. FILED Mar 10, 1936 J. P. Tolson
Registrar.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lloyd D. Clifton, M. D.
(Address) Carthage Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

