

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.

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Tom
City (No., St. Ward)

Registration District No. 61
Primary Registration District No. 5196

File No. 18508
Registered No. 32

2. FULL NAME

Martha Bird
(a) Residence, No. Warsaw, Mo. Racket Star Route 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 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 Widowed of Robert Bird
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 - 16

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

13. NAME Robert Stadler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vronie, Italy

15. MAIDEN NAME unknown Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.

17. INFORMANT W. W. Thorne
(ADDRESS) Warsaw, Mo. Racket Star

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Bend DATE May 22, 1936

Benton County, Mo.
19. UNDERTAKER H. H. White
(ADDRESS) Warsaw, Mo.

20. FILED 5722 1936 Jos. A. Royan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-18-1936 to 5-20-1936
I last saw hw alive on May 19, 1936 Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

Apoplexy
Cerebral Hemorrhage
Other contributory causes of importance
Name of operation 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 Heart
(Signed) , M. D.
(Address) Warsaw, Mo.

