

JUL 20 1936

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

Do not use this space.

22613

1. PLACE OF DEATH

County Shannon Registration District No. 318 File No. _____
Township Springfield Primary Registration District No. 5440 Registered No. 545
City Springfield (No. 1) St. _____ Ward _____

2. FULL NAME

Martha Stewart
(a) Residence, No. RFD # 9 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. D. Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 8 1843</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Cedar Co. Mo</u>		
FATHER	13. NAME <u>John Brokus</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>No</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data</u>	
17. INFORMANT (ADDRESS) <u>John Brokus, Springfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highwood, June 23 36</u>		
19. UNDERTAKER (ADDRESS) <u>Olivera Schreyer, Springfield Mo</u>		
20. FILED <u>JUN 23 '36</u> 19 <u>36</u> <u>Dr Chas a George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to June 1936
I last saw her alive on March 10 1936 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:
Senility
Date of onset _____

Other contributory causes of importance
102

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? none Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) L. F. Newman, M. D.
(Address) Springfield 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.

