

SEP 29 1936

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

Do not use this space.

32012

1. PLACE OF DEATH

County Dunklin Registration District No. 712
Township Liberty Primary Registration District No. 4427
City Richland (No.) St. Ward)

File No.
Registered No. 22

2. FULL NAME

Martha Browning Myers

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-36, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1936 to 8-16, 1936

I last saw her alive on 8-16, 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70-4-5

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: Broken hip at 8-13/36
Date of onset years
Exophthalmic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Theodore Lutton

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Rosey Jackson Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunklin DATE 8-17-36

19. UNDERTAKER (ADDRESS) R. B. Zepple Richland

20. FILED 8-15-36 Chas. A. Oliver Registrar

Name of operation none Date of
What test confirmed diagnosis? 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 8-1, 1936

Where did injury occur? Broken hip (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury stopped out of automobile

Nature of injury automobile - broken hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) R. B. Zepple, M. D.
(Address) Richland

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

