

OCT 21 1936

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

Do not use this space.

33831

## 1. PLACE OF DEATH

County CambdenRegistration District No. 118Township AdairPrimary Registration District No. 5169City Climax Springs

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Martha E. Anderson

(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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Morris Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 1<sup>st</sup> 1861

7. AGE

YEARS

- MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7579

OCCUPATION

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

housewife

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 \_\_\_\_\_

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

Adam Co. Ill.

FATHER

13. NAME

John P. Marksbury

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

Ky.

MOTHER

15. MAIDEN NAME

Louisa Stogsdon

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

Ky.

17. INFORMANT (ADDRESS)

Joseph P. Marksbury  
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wentworth Cem DATE Sep 10 1936

19. UNDERTAKER (ADDRESS)

W. B. Wooley, Mo.  
Cass, Mo.

20. FILED

9-151936W. S. Windsor

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 10 193622. I HEREBY CERTIFY, That I attended deceased from April 30<sup>th</sup> 1936 to Sept 10<sup>th</sup> 1936I last saw her alive on Sept 7<sup>th</sup> 1936. Death is saidto have occurred on the date stated above, at 1730<sup>th</sup> St.

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

Carcinoma of Pancreas Date of onset 8-15-36

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? biopsy 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 \_\_\_\_\_

(Signed) W. B. Wooley, M. D.(Address) Wacker Creek, 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.

