

Kas...
NOV 17 1936

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

Do not use this space.

36703

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 5112
City (No.) St. Ward)

File No.
Registered No. 298

2. FULL NAME

Mrs. Amanda Martin

(a) Residence, No. Boone Co. Infirmary St. Ward. (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 (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-1835

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
101 6 4

OCCUPATION 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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Benjamin Smithton

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

MOTHER 15. MAIDEN NAME Mary J. Smithton

16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

17. INFORMANT E. E. Tyler (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE 11-1, 1936

19. UNDERTAKER Parker Furniture Co (ADDRESS) Columbia, Mo.

20. FILED 11/27, 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936 to Oct 30, 1936

I last saw h. w. alive on Oct 30, 1936. Death is said

to have occurred on the date stated above, at 1 P. m.

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

Senility

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed) A. W. Humphreys, M. D.

(Address) Columbia, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

