

DEC 18 1936

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

Do not use this space.

40741

## 1. PLACE OF DEATH

County Clinton Registration District No. 205  
Township Atchison Primary Registration District No. 4123  
City Gower, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Martha J Mc Feeters  
(a) Residence, No. \_\_\_\_\_, Lawson, Mo. city 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 (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Mc Feeters  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 2 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewoman  
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) Oct. 14  
11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (CITY OR TOWN) Buchanan  
(STATE OR COUNTRY) Missouri13. NAME Noah Dunbar14. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)15. MAIDEN NAME Martha Ridge16. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)17. INFORMANT L. C. Clark  
(ADDRESS) Gower, Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Travis Cemetery DATE Nov 16 193619. UNDERTAKER H. A. Sullings  
(ADDRESS) Gower, Mo20. FILED Nov 15, 19 36 J. C. Heimer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1936, to Nov 14th, 1936  
I last saw her alive on Nov 19th, 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936Where 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) J. C. Heimer, M. D.  
(Address) Gower, Mo

