

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

Do not use this space.

JAN 28 1937

44045

1. PLACE OF DEATH

County Carroll
Township Eugene
City Waskenda (No. _____)

Registration District No. 135
Primary Registration District No. 4080

File No. _____
Registered No. 127 (Ward) _____

2. FULL NAME

Martha C Thomas

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 7 6

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. at Home
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) Carroll Co. Mo

13. NAME Wm Hardwick

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

15. MAIDEN NAME Sarah Bricken

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

17. INFORMANT (ADDRESS) Waskenda Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 12-29-36

19. UNDERTAKER (ADDRESS) Carrollton Mo.

20. FILED 12-28-36 John Hecker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1935, to 12-26, 1936
I last saw her alive on 12-26, 1936 Death is said to have occurred on the date stated above, at 9:00 P.m.

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

Pulmonary Tuberculosis

Date of onset ?

Other contributory causes of importance W
Name of operation _____ 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 _____, 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) William G. Atwood, M. D.
(Address) Carrollton 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.

