JAN 19 1937

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

Do not use this space.

45330

1. PLACE OF DEATH

County: Lafayette — Registration District No.: 461 — File No.: 102

Township: Lexington — Primary Registration District No.: 5625 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME Martha Caroline Ralston

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fe.	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 27, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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): Lafayette Co. Mo.

FATHER

13. NAME: Rufus Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hawkins Co., Tenn.

MOTHER

15. MAIDEN NAME: Permelia Lankford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co., Mo.

17. INFORMANT (ADDRESS): John Young, Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lexington, Mo. DATE: Dec. 10, 1936

19. UNDERTAKER (ADDRESS): Winkler, Lexington, Mo.

20. FILED: Dec 10, 1936 Faye B. Bate, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 8, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to Dec 8, 1936

I last saw her alive on Dec 8, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

	Date of onset
Coma [illegible]	

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, 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?

If so, specify

(Signed) , M. D.

(Address) B. H. Brown, Lexington, Mo.