

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

Do not use this space.

47370

1. PLACE OF DEATH **JAN 27 1937**

County Lullivan
Township Green Castle
City Green Castle (No.)

Registration District No. 849
Primary Registration District No. 4514

File No.
Registered No. 26
St. Ward)

2. FULL NAME Martha Frances Lewis

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 6

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.

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) Mo.

13. NAME Albert B. Lopp

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

15. MAIDEN NAME Martha Stockton

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

17. INFORMANT (ADDRESS) Wm Lewis Green Castle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lopp Cem DATE 12-26 1936

19. UNDERTAKER (ADDRESS) V. Glenn E. Kent Green City, Mo

20. FILED Dec 30 1936 Virginia Gibson 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 Dec 19 1936 to Dec 26 1936

I last saw her alive on Dec 23 1936 Death is said

to have occurred on the date stated above, at 5 a.m.

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

Lobar Pneumonia Date of onset Dec 5 1936

Other contributory causes of importance Influenza

Name of operation none 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

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 A. D. Garrison M. D.

(Signed) Wmounger Mo.

(Address) Wmounger 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.

