

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.

FEB 26 1937

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

Do not use this space.

774

1. PLACE OF DEATH

County Daviess Registration District No. 250  
Township 1 Primary Registration District No. 4150  
City Gallatin (No. 1) St. 1 Ward 1

File No. 1  
Registered No. 1

2. FULL NAME Martha E. Stanfield

(a) Residence, No. 1 St. 1 Ward 1  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 John Stanfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 26, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
61 7 24

OCCUPATION  
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. own Home  
10. Date deceased last worked at this occupation (month and year) Jan. 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Macon Co., Missouri

FATHER  
13. NAME Benton Brailey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

MOTHER  
15. MAIDEN NAME xx Minter  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John Stanfield  
(ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brown Cemetery DATE Jan. 22, 1937

19. UNDERTAKER Hope Furn. & Undt. Co.,  
(ADDRESS) Gallatin, Mo.

20. FILED Jan. 21, 1937 A. G. Hope  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937 to Jan 20, 1937, 1937  
I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 6:30 PM

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

Coronary arteriosclerosis  
Jan 20, 1937

Other contributory causes of importance:

Name of operation GA Date of 1937  
What test confirmed diagnosis? GA Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 1 Date of injury 1937  
Where did injury occur? 1  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury 1  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify 1  
(Signed) W. G. Harrison M.D.  
(Address) Hamilton, Mo.

