

FEB 17 1937

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

Do not use this space.

1806

1. PLACE OF DEATH

County Gasper Registration District No. 408 File No. _____
Township _____ Primary Registration District No. 3020 Registered No. _____
City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

Martha Rose Raydon
(a) Residence, No. 709 Valley 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1925

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1
				day, _____ hrs. or _____ min.
	<u>11</u>	<u>6</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-teacher
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 3 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Missouri

13. NAME Mattie Raydon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Missouri

15. MAIDEN NAME Lula Lutz

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

17. INFORMANT (ADDRESS) Mattie Raydon 709 Valley - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan. 15, 1937

19. UNDERTAKER (ADDRESS) Kneel Mortuary Carthage, Missouri

20. FILED Jan. 15, 1937 A. B. Clinton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1937, to Jan 12th, 1937
I last saw her alive on Jan 12th, 1937. Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
influenza

Date of onset 1/6/37

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? physical 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) George H. Wood, M. D.
(Address) Carthage Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 19 1945