

Feb 27 1937

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

Do not use this space.

2044

1. PLACE OF DEATH

County Lewis Registration District No. 477  
Township          Primary Registration District No. 4286  
City Canon (No. 9) St.          Ward         

File No.           
Registered No. 74

2. FULL NAME

Martha C Howell  
(a) Residence, No.          St.          Ward           
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1858  
7. AGE YEARS 78 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Nov 1936 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Lewis Co (STATE OR COUNTRY) Mo

13. NAME John Shous

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

15. MAIDEN NAME Mary Stemberger

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

17. INFORMANT Martha Howell (ADDRESS) Canon Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Canon DATE 1-29 1937

19. UNDERTAKER M & Kelly (ADDRESS)         

20. FILED Jan 28 1937 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1937

22. I HEREBY CERTIFY That I attended deceased from July 14 1936 to Jan. 28 1937  
last saw him alive on Jan 27 1937. Death is said to have occurred on the date stated above, at 12 m.

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

Primary carcinoma of pancreas with metastasis of liver  
Date of onset         

Other contributory causes of importance: Broncho-pneumonia

Name of operation          Date of           
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) H. W. Harris, M. D.  
(Address) Canon 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

