MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howell — Registration District No. 387 — File No. 6 6112

Township Dry Creek — Primary Registration District No. 5540 — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Martha Jane Cearley

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

Length of residence in city or town where death occurred 5 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elijah Cearley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 16, 1857

7. AGE: 79 YEARS — MONTHS: 5 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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): Union County, Ga.

FATHER

13. NAME: James Teague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

MOTHER

15. MAIDEN NAME: Vina Odem
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

17. INFORMANT (ADDRESS): Martin Teague, Pomona, Mo. Route 1

18. BURIAL, CREMATION, OR REMOVAL: Mackey Cem.
PLACE Pomona, Mo. DATE Feb. 15, 1937

19. UNDERTAKER (ADDRESS): Hal Thornburgh, West Plains, Mo.

20. FILED Feb 26 1937 Dora Eagle, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937, to Feb 14, 1937
I last saw her alive on Feb 12, 1937 Death is said to have occurred on the date stated above, at 3:40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/10/37

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) West Plains, 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.