MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Davies
Township Colfax
City (No. St. Ward)

Registration District No. 255
Primary Registration District No. 5356

File No. 11729
Registered No.

2. FULL NAME Martha N Anthony

(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). Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
99	82	2	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER Ben H Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sarah A Vickers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Walter Grover
(Address) Cameron Mo

15. FILED 3/5 1937 + K. Wilson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1937

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to Feb 27, 1937 that I last saw her alive on Feb. 27, 1939, and that death occurred, on the date stated above, at 6:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility 92
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Fred K Wilson, M. D.
, 19 (Address) Winston Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Evergreen Cem Cameron Mo
DATE OF BURIAL March 5 1937

20. UNDERTAKER O A Moore
ADDRESS Cameron 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.