

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jacoma
Township Blue
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 5554

File No. 12141
Registered No. 104
St. _____ Ward _____

2. FULL NAME

Martha Elizabeth Stodtman

(a) Residence, No. 24 Highland St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Stodtman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24 - 1860</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>22</u>
		If LESS than, 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>House Wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>
10. Date deceased last worked at this occupation (month and year) <u>Feb - 1 - 1937</u>	11. Total time (years) spent in this occupation <u>58</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wellington Mo.

13. NAME James Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
North Laclede Co. Mo.

15. MAIDEN NAME Lucy Francis Horreton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
North Carolina

17. INFORMANT Lee Stodtman
(ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walden Cem DATE May 18 1937

19. UNDERTAKER Old + Mitchell
(ADDRESS) 7 - main Independence Mo

20. FILED 3-20-1937 G. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1937, to 3/16, 1937.
I last saw her alive on March 16 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Myocardial Infarction
Paternal Branchial
131

Other contributory causes of importance:
hypertension
Ch. Myocarditis
Ch. Nephritis

Name of operation _____ 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 NO
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) George T. Johnson, M. D.
(Address) Independence 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.

