

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau Registration District No. 1095
Township _____ Primary Registration District No. 4836
City Clarksburg (No. _____) St. _____ Ward _____

File No. 12697
Registered No. _____

2. FULL NAME Martha Isabell Larry

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
"HUSBAND OF" _____
(OR) WIFE OF J. E. Larry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10th. 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ohio

13. NAME Hugh Brown

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

15. MAIDEN NAME Jane Weeks

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

17. INFORMANT J. E. Larry
(ADDRESS) Clarksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg, Mo DATE 3/7/1937

19. UNDERTAKER Jessie E. Richards
(ADDRESS) Clarksburg, Mo

20. FILED 30-8-37 J. C. Maston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1-37, 1937, to 3-4-37, 1937

I last saw her alive on 3-4-37, 1937. Death is said to have occurred on the date stated above, at 11:45 A. M.

The principal cause of death and related causes of importance were as follows:
mitral insufficiency Date of onset _____

Other contributory causes of importance: 92a

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) J. C. Maston M. D.

(Address) Clarksburg, Mo.

This certificate should be stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. Do not use this space.

