

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township Clare
City Clarence Mo.

Registration District No. 827
Primary Registration District No. 4500

File No. 35463
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Mrs. Martha Ellen Teters
(a) Residence, No. Clarence Sui. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 <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 A HUSBAND OF (OR) WIFE OF <u>Clarence Sui.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11 - 1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>
		DAYS <u>25</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Abbeville, Mo.</u>		
MOTHER FATHER	13. NAME <u>Frank Spanglers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. - Kentucky</u>	
	15. MAIDEN NAME <u>Marjorie Day</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>John Spanglers</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelby Mo.</u>	DATE <u>8/8/37</u>	
19. UNDERTAKER (ADDRESS) <u>William & Burkholder</u>	<u>Clarence Sui.</u>	
20. FILED <u>Aug 17, 1937</u>	<u>Roy Hamilton</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Aug 6, 1937
I last saw h. alive on Aug 6, 1937 Death is said to have occurred on the date stated above, at 8:30 am
The principal cause of death and related causes of importance were as follows:
acute Coronary arterial occlusion. Date of onset Aug 6 1937

Other contributory causes of importance: old

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) D. F. Hareau, M. D.
(Address) Clarence 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.

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