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

Do not use this space.

REC'D MAR 14 1938

9

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. 5012 Lake St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 6150
Registered No. 226

2. FULL NAME Martha Caroline Murchison 6 2 21

(a) Residence, No. 5012 Lake 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/22/1886

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	10	27	

OCCUPATION
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. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

FATHER
13. NAME John Westley Sloan
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mollie Macon
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT John Murchison
(ADDRESS) 5012 Lake

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE 2/23/'38. 19

19. UNDERTAKER Graves Funeral Home.
(ADDRESS) 806 S. 17th.

20. FILED Feby 23, 38 A. J. Mattleberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/'38. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 35 19, to Feb 19 - 38 19
I last saw her alive on Feb 19 - 38 19 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:

	Date of onset
Chronic Carbon Dio Intoxicency	5 yrs ago
92 d.	

Other contributory causes of importance:

Arteriosclerosis & Hypertension	Some months

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Denton W. Sundown, M. D.
(Address) 216 W. W. Mo. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.