

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

Do not use this space.

DEC'D MAR 21 1938

1. PLACE OF DEATH

County *Montgomery*  
Township *Becky, Cross*  
City *Bellflower* (No. ....)

Registration District No. *589-57873*  
Primary Registration District No. *4347*

File No. *7514*  
Registered No. *8*  
St. .... Ward)

2. FULL NAME

*Martha Matilda Cope 100*  
(a) Residence, No. *Bellflower Mo.* St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred *3* yrs. *1* mos. *1* 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 *Ed Ingram Cope*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 11 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*80 5 17*

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. *Housekeeping*

10. Date deceased last worked at this occupation (month and year) *1936* 11. Total time (years) spent in this occupation *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery Co. Missouri*

13. NAME *Henry Ross* 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *Martha L. Stearn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Onis Roy Betty* (ADDRESS) *Bellflower Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellflower Mo.* DATE *2-20-1938*

19. UNDERTAKER *Wland J. Jones* (ADDRESS) *Bellflower Mo.*

20. FILED *File 211 1938* *E. A. Bell*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-17-1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 20*, 19*37*, to *Feb. 17*, 19*38*

I last saw *her* alive on *Feb. 17*, 19*38*. Death is said

to have occurred on the date stated above, at *4:00* p. m.

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

*1. Cerebral Hemorrhage with Left Hemiplegia*  
*2. Chronic Myocarditis*

Date of onset *2-10-38*  
*2-10-38*

Other contributory causes of importance: *Senility*

Name of operation *None* Date of .....

What test confirmed diagnosis? ..... 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? (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) *Elmer J. P. Andersen* M. D.

(Address) *Montgomery City, Mo*

519

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M 9-22-36 I 43314

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.

