

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

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.

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

Do not use this space.

REC'D JUL 7 1938

23193

1. PLACE OF DEATH  
 County Washington Registration District No. 886  
 Township Concord Primary Registration District No. 6178  
 City (No. St. Ward)

2. FULL NAME Martha Crump 651  
 (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 <u>Female white</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>John Crump</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11-1860</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>	DAYS <u>1</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>			
	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) <u>Washington Md.</u>				
FATHER	13. NAME <u>Levi Marler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Md.</u>			
MOTHER	15. MAIDEN NAME <u>Ruth Williams</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Md.</u>			
17. INFORMANT <u>Simon Crump</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord</u> DATE <u>7-13</u> 19 <u>38</u>				
19. UNDERTAKER <u>Best Bump</u> (ADDRESS) <u>Leadville, Mo</u>				
20. FILED <u>7-12</u> 19 <u>38</u> <u>J.P. Yeager</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4-12</u> 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>4-11</u> , 19 <u>38</u> to <u>4-12</u> , 19 <u>38</u> . I last saw her alive on <u>4-11</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>5 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>apoplexy</u> Date of onset	
Other contributory causes of importance:	
Name of operation Date of	
What test confirmed diagnosis? Was there an autopsy? <u>no</u>	
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) <u>J.P. Yeager</u> , M. D. (Address) <u>Leadville, Mo.</u>	

