

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

25208
 Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH *dent*

(a) County *dent* Registration District No. *266*

(b) Township *Salem mo.* Primary Registration District No. *4164*

(c) City *Salem mo.* (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Martha Joe Freeze*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jake Freeze*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 24 - 1937*

7. AGE YEARS *81* MONTHS *2* DAYS *2* IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Homekeeper*

9. Industry or business in which work was done, as 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) *Montair, mo. dent Co.*

FATHER 13. NAME *Thomas Mooney*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hawell Co. Missouri*

MOTHER 15. MAIDEN NAME *Hulda Still*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hawell Co. Missouri*

17. INFORMANT (ADDRESS) *Mrs. Charles Bierlow, Salem mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cedar Knolls* DATE *7/27* 1938

19. FUNERAL DIRECTOR (ADDRESS) *W. D. Mohr, Salem mo.*

20. FILED *July 27*, 1938 *F. E. Butler, M. D.* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-26*, 1938

22. I HEREBY CERTIFY, That I attended deceased from *7-24*, 1938, to *7-26*, 1938. I last saw her alive on *July 25*, 1938. Death is said to have occurred on the date stated above, at *3:30 P. M.*

The principal cause of death and related causes of importance were as follows:
Parent origin of Left breast - 50%

Other contributory causes of importance: *Nephritis Chronic, 1936*

Name of operation *None* Date of _____

What test confirmed diagnosis? *Examination of eyes* Were 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 *no*, 1938
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *at home*

Manner of injury *no*
 Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *J. H. Dillan*, M. D.
 (Address) *Salem mo*

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.

STATEMENT BY LICENSED EMBALMER

I, N D Hobson, Licensed Embalmer No. 928
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not at all

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed N D Hobson
.....
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)