

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH  
11 County Buchanan Registration District No. 85-  
5 Township St Joseph Primary Registration District No. 1001  
7 City St Joseph (No. MO. METHO. HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Martha Jane Hostetter 233  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Bradley, Iowa  
(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.

File No. 31706  
Registered No. 908

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 10 05

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. Home

10. Date deceased last worked at this occupation (month and year) Aug 24 1938 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Iowa

FATHER 13. NAME Peter Hiles 9  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm 9

MOTHER 15. MAIDEN NAME Elizabeth J. Peterson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm

17. INFORMANT (ADDRESS) Wm Hostetter  
117 Harding Blvd & Perry

18. BURIAL, CREMATION, OR REMOVAL PLACE Bradley, Iowa DATE Sept. 4 1938

19. UNDERTAKER (ADDRESS) Floyd Spurr  
Madison

20. FILED Sept 1 1938 H. H. Hinkle Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1938, to Sept 1 1938.  
I last saw her alive on Sept 1 1938 Death is said to have occurred on the date stated above, at 9:35 A.M.  
The principal cause of death and related causes of importance were as follows:  
Duodenicula of sigmoid Date of onset ?  
Perforation of duodenicula sigmoid (8-23-38)  
Palvic abscess and peritonitis 8-28-38  
Sepsis & damage  
Name of operation operation Date of 8-26-38  
What test confirmed diagnosis? operation 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) H. C. Lewis, M. D.  
St. Joseph, Mo.  
85 (Address)

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, Floyd E. Shrum, Licensed Embalmer No. 2381 Iowa  
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) Floyd E. Shrum  
Licensed Embalmer No. 2381 Iowa

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