

1939 JAN 28

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

Do not use this space.

42698

1. PLACE OF DEATH  
 21 County Chariton Registration District No. 171  
 3 Township Hayterville Primary Registration District No. 4100  
 0 City Hayterville (No. .... St. .... Ward) 30

2. FULL NAME Martha E. Elliott  
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 A. V. Elliott  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1864  
 7. AGE YEARS 74 MONTHS 7 DAYS 6 If LESS than 1 day, .... hrs. or .... min.  
 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. ....  
 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) Hayterville Mo.  
 FATHER 13. NAME Warren E. Brooks  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 MOTHER 15. MAIDEN NAME Margaret Geneva Jones  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT Warren Elliott  
 (ADDRESS) Hayterville Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hayterville Mo. DATE Jan 2nd 1939  
 19. UNDERTAKER Hayterville Mo.  
 (ADDRESS) Hayterville Mo.  
 20. FILED 11 19 39 Mrs. Ray Sanders  
 Registrar. 159

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 4-14-1938 to 12-31-1938  
 I last saw her alive on 12-31-1938 Death is said to have occurred on the date stated above, at 9.45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
April 14 - 1938  
Gastric Cancer  
Ulcera  
 Other contributory causes of importance: None  
 Name of operation None Date of .....  
 What test confirmed diagnosis Physical 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) A. W. Tillman M. D.  
 (Address) Hayterville

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.

THIS IS A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/10/39