

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

Do not use this space.

6109

File No. _____
Registered No. 60 Ward _____
St. _____

1. PLACE OF DEATH
16 County Cape Girardeau
1 Township Cape Girardeau
4 City Cape Girardeau (No. _____)

Registration District No. 125
Primary Registration District No. 3009

2. FULL NAME Martha J. East

(a) Residence, No. Jackson Mo St., _____ Ward. St. James Hospital
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. East

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1938 to 2-16, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9-1855

I last saw her alive on 2-16, 1939 Death is said to have occurred on the date stated above, at 7 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 1 7

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Nov. 1-1938 11. Total time (years) spent in this occupation 64

Pneumonia (Bronchial Secondary to Influenza)
Other contributory causes of importance:
1. Stomach
2. Atherosclerosis
3. Hypertension
4. Chl. Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

13. NAME Jermiah Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

15. MAIDEN NAME Marian Corley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

17. INFORMANT (ADDRESS) Res. W. Fenimore Bertrand Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 2-19, 1939

19. UNDERTAKER (ADDRESS) Gracraft Miller 121 Jackson Mo.

20. FILED 2-16, 1939 J. M. Champion Registrar.

Name of operation _____ 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? ✓ 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) Alberd M. Carter, M. D.
(Address) Jackson, Mo.

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.

