

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

7554
Do not use this space.

REC'D MAR 10 1939

1. PLACE OF DEATH
 (a) County Delaware Registration District No. 711
 (b) Township Union Primary Registration District No. 5940
 (c) City 1 (d) Street No. 54 Registered No. 54
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME MARTHA FRANCIS GADDY
 (a) Residence, No. 3011 St. 7
 (Usual place of abode, if no street address, write county or city) (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 Jerry Gaddy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1857

7. AGE YEARS 81 MONTHS 11 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Miller Co. Mo

FATHER
 13. NAME Wesley C. Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
 15. MAIDEN NAME Stacy Bowlin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT JAMES WILSON (ADDRESS) Dixon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaton DATE 2/19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred H Gilbert Dixon Mo

20. FILED 2/18 1939 A. D. Dick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1939, to Feb 15 1939
 I last saw her alive on Feb 11 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Malignancy of Liver
Old eye infirmity
 Other contributory causes of importance: Hb

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Dr. K. K. Williams
 (Signed) Dixon, Mo (Address) 139

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Feb-17-1939

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Judith Gilke

Licensed Embalmer No. *2341*

P. O. Address *Myon me*

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

If this body is not embalmed, above space should be left blank.