

REC'D APR 19 1939

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

11513

Do not use this space.

1. PLACE OF DEATH

(a) County MarionRegistration District No. 1040(b) Township MillerPrimary Registration District No. 5726(c) City Near Brinktown(d) Street No. 1Registered No. 3(e) Length of residence in city or town where death occurred 84 yrs. x mos. yds. (f) How long in U.S., if of foreign birth? x yrs. x mos. x ds.

2. PRINT FULL NAME

Martha Josephine Waters(a) Residence, No. Marion Co.St. ☐

(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)

Widowed

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

Thos. F. Waters

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

Jan 19-1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, x hrs. or x min.84219

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired housekeeper9. Industry or business in which work was done, as saw mill, bank, etc. Own home10. Date deceased last worked at this occupation (month and year) March-193611. Total time (years) spent in this occupation 55

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

Gasconade County Missouri

FATHER

13. NAME Dr. B.F. Bumpass14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade County Missouri

MOTHER

15. MAIDEN NAME Mary Ann Welton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Cedar City Missouri

17. INFORMANT (ADDRESS)

Gena Waters Brinktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waters Cemetery DATE March 29, 1939

19. FUNERAL DIRECTOR (ADDRESS)

Carl Birmingham Vienna Mo

20. FILED

April 4, 1939

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 193922. I HEREBY CERTIFY, That I attended deceased from March 26, 1939, to March 27, 1939I last saw her alive on March 27, 1939. Death is saidto have occurred on the date stated above, at 3 a.m.

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

Dehydration and acidosis due to persistent vomiting from stomach disorder of undetermined nature.

Date of onset

3/23/39

Other contributory causes of importance:

Infirmities of ageName of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19 XWhere did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? XIf so, specify X(Signed) Donley Gates Do.(Address) Brinktown, 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, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

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.)