REC'D JUN 8 1939

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard 2 1 Registration District No. 836 File No. 19973
Township Liberty Primary Registration District No. 6098A Registered No. 19
City (No. St. Ward)

2. FULL NAME 315 Martha Stephens
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

3. SEX Fem
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arter Stephens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1877
7. AGE YEARS 62 MONTHS — DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 9

FATHER
13. NAME — Thornton 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Letha Talley Malden Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie Mo DATE 19
19. UNDERTAKER (ADDRESS) Lauden Funeral Home Campbell Mo
20. FILED 6-5- 1939 Laura Hopkins Registrar. 893

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1939
22. I HEREBY CERTIFY, That I attended deceased from Mch - 1 - 1939, to June - 1 - 1939
I last saw her alive on Apr - 15 1939 Death is said to have occurred on the date stated above, at 8:10 P m.
The principal cause of death and related causes of importance were as follows:
Cardiac Asthma. Date of onset
95b 2
Other contributory causes of importance:
Name of operation — Date of —
What test confirmed diagnosis? Clinical 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 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 X
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank Larkin, M. D.
(Address) Dexter 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.

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