

REC'D AUG 17 1939

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

25364
Do not use this space.

1. PLACE OF DEATH
 (a) County Christian 2 Registration District No. 184
 (b) Township Smiley Primary Registration District No. 5255 Registered No. 29
 (c) City Osark, Mo. Rt 1 (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 70 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Martha Alice Dixon
 (a) Residence, No. Osark, Mo. Route 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2 - 1869
 7. AGE YEARS 70 MONTHS 6 DAYS - If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 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) Osark, Mo.
 13. NAME W. J. Wray
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Martha Day
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) John Wray, Mo. Osark, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect DATE 7/3 - 1939
 19. FUNERAL DIRECTOR (ADDRESS) B. G. Kuper Osark, Mo.
 20. FILED Aug 1 1939 Loretta Leonard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 - 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 1 1939, to July 2 1939.
 I last saw her alive on July 2 1939. Death is said to have occurred on the date stated above, at 4:25 P. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Left Breast Date of onset _____
 Other contributory causes of importance: 50
 Name of operation None 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) J. H. Wade _____, M. D.
Osark 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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1692

Date Filed AUG 10 1939

STATEMENT BY LICENSED EMBALMER

I, B. C. Klepper, Licensed Embalmer No. 2178
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by Forest Klepper, Registered Apprentice No. 143
working under my personal supervision.
Signed B. C. Klepper
Licensed Embalmer No. 2178

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.)