

REC'D AUG 17 1939

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

Do not use this space.

25717

1. PLACE OF DEATH

County Henry

Registration District No. 358

Township Shawnee

Primary Registration District No. 5502

City (No. .... St. .... Ward)

File No. ....

Registered No. 10

2. FULL NAME

625) Martha Katherine Prewisser

(a) Residence, No. Clinton ms RR St. .... Ward. ....

(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

3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. W. Prewisser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1866</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>X</u>	DAYS <u>3</u>
IF LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>
	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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

FATHER 13. NAME C. G. Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Elizabeth Vaughan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Ralph Knobel

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebo DATE May 16 1939

19. UNDERTAKER (ADDRESS) Consalus + Beck

20. FILED May 15 1939 Clinton Mo C. G. Hibler Registrar.

MEDICAL CERTIFICATE OF DEATH

73

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12 1938 to May 13 1939. First saw h. alive on May 12 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Carcinomatosis  
Carcinoma of Stomach.

Date of onset 1937

Other contributory causes of importance: 46

Name of operation none Date of ..... 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 ..... 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 Joseph B. O'Neil (Signed) Clinton, Mo. M. D. (Address) Clinton, 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.

One

JAN 17 1950

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1129

Date Filed 8-9-39