

FILED DEC 9 1941

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

Do not use this space.

38197

1. PLACE OF DEATH

County Wade Registration District No. 236
Township Waldron Primary Registration District No. 3821
City Waldron St. Waldron Ward 1File No. _____
Registered No. 29

2. FULL NAME

(a) Residence, No. Overton St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</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>Cora Mae Martell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19 1858</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>10</u>	DAYS <u>8</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>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u>
	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)
Mo13. NAME
Lessania Plumb14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill15. MAIDEN NAME
Sarah Carpenter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill17. INFORMANT (ADDRESS)
Mr. Ernest G. Galt18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Overton Mo19. UNDERTAKER (ADDRESS)
J. M. Wray20. FILED Dec 12 1941 Waldron, Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 194122. I HEREBY CERTIFY, That I attended deceased from Nov 16 1941, to Nov 27 1941I last saw him alive on Nov 26 1941. Death is said to have occurred on the date stated above, at 12:30 a.m.The principal cause of death and related causes of importance were as follows:
Acute Indigestion Rate of onset _____Other contributory causes of importance: 11813

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 023. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19____
Where did injury occur? 0 (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 _____(Signed) W. B. Riley, M. D.(Address) Overton Mo

(EMBARKER - BILL H. LACK - MO. APPRENTICE - NO-305)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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 1241-1220

Date Filed DEC 5 1941