

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

Do not use this space.
- 5003

FILED MAY 1943

1. PLACE OF DEATH

County Franklin
Township Randolph
City Leadwood (No.)

Registration District No. 316
Primary Registration District No. 6074

File No.
Registered No. 21 Ward

2. FULL NAME

MARTHA MAY

(a) Residence, No. St. Ward. Potosi, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 1 17

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Missouri

13. NAME Charles Hulsey

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

15. MAIDEN NAME Jane Roderick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. - 0

17. INFORMANT Cecil Dehl (ADDRESS) Leadwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo. DATE 4-25 1943

19. UNDERTAKER Boyer Funeral Home (ADDRESS) Potosi Mo.

20. FILED 4-24 1943 Byrdie Bukhmetas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1943 to April 20, 1943. I last saw him alive on April 24, 1943. Death is said to have occurred on the date stated above, at 6:46 P.M.

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

Cardiac insufficiency

Other contributory causes of importance: old age

Name of operation 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) Arnold H. Roberts, M. D.
(Address) Leadwood, 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.

20M-2-1P-30 1 X7224

RECEIVED

District Health Officer No. 4
District File Number 543-2120
Date Filed 5-5-43