

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

Do not use this space.

**FILED JAN 16 1945**

**1. PLACE OF DEATH**

County Wright  
 Township Wood  
 City Mountain Grove

Registration District No. 378  
 Primary Registration District No. 6286

File No. 3925  
 Registered No. 124  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MO 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the year) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah Martine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Saint Louis MO

13. NAME Saint Louis MO

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis MO

15. MAIDEN NAME Mary Jane Roster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis MO

17. INFORMANT Beulah Martine (ADDRESS) Mountain Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain Valley DATE 1/4 1945

19. UNDERTAKER none (ADDRESS)

20. FILED 1-10-45 19 H. M. Lower Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/3 1945

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1943, to Jan 3 1945

I last saw him alive on 1/1 1945. Death is said

to have occurred on the date stated above, at 4:30 a.m.

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

Cardiac decompensation (Rate of onset)

Other contributory causes of importance: 95C

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? yes

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. A. Ryan, M. D.

(Address) Mountain Grove 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

