

FILED MAR 4 1948

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

Do not use this space.

7506

1. PLACE OF DEATH

County

Scotland

Registration District No.

526

File No.

Township

White

Primary Registration District No.

6109

Registered No.

City

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Martha Ellen McPherson

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. 1 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) Married 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R S McPherson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1868		
7. AGE	YEARS 80	MONTHS 1
	DAYS 0	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Hardware
	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)
Hain mo13. NAME
Sarah Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Winnemou 915. MAIDEN NAME
Ellen Cox16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Winnemou 317. INFORMANT (ADDRESS)
Mrs. Elmer Taylor18. BURIAL, CREMATION, OR REMOVAL
PLACE
DATE Feb 19 194819. UNDERTAKER (ADDRESS)
E. J. Parnall

20. FILED 2/27 1948 230 Parnall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1948

22. I HEREBY CERTIFY, That I attended deceased from 2:15 1948 to 2:10 1948

I last saw her alive on 2/10 1948 Death is said

to have occurred on the date stated above, at 2:20 P.M.

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

Coronary
of heart
Date of onset

Other contributory causes of importance:

Name of operation 46 F Date of

What test confirmed diagnosis? 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, 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) M. S. Baker, M. D.

(Address) Memphis 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.

MARGIN RE-OR BINDING

10004-31-24-33

RECEIVED
District No. 10
District No. 10
Date Filed MAR 2 1948

4256

Fred Kutz
Memphis Mo