

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

Do not use this space.

21234

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Martinsville Rd. St. _____ Ward _____
(b) Usual place of abode _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm a Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 | 6 | 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Morgan Co Mo
(STATE OR COUNTRY) _____

10. NAME OF FATHER Thomas East

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT W A Martin
(Address) Clinton Mo

15. FILED 6/27, 1931 Ed C. Peeler
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1931

I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to June 26, 1931 that I last saw her alive on June 25, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sudden death
apoplexy of heart
95B

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

WHAT TEST CONFIRMED DIAGNOSIS _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Samuel A. Pogue M. D.

6/27, 1931 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Englewood Cem 6/28 1931

20. UNDERTAKER ADDRESS

Sponson 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. JUL 24 1931

