

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

Do not use this space.

857

1. PLACE OF DEATH
 42 County Mercury Registration District No. 352
 Township Beaver Creek Primary Registration District No. 5494
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Martha E. Corbin
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3, 1844</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>1</u>	DAYS <u>2</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>House wife</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> <u>2</u>			
	13. NAME <u>John Botto</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Sadie Goodposter</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mrs. W. Spurgeon</u> (ADDRESS) <u>Montrose Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beaumont Cem</u> DATE <u>Jan. 6, 1932</u>				
19. UNDERTAKER <u>Leemart</u> (ADDRESS) <u>Montrose Mo</u>				
20. FILED <u>Jan. 6, 1932</u> <u>Jan Miller</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1931 to Jan. 5, 1932
 I last saw her alive on Dec. 25, 1931. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Date of onset _____

Other contributory causes of importance:
good SP A

Name of operation none Date of _____
 What test confirmed diagnosis? clinical as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 _____ 1

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. M. Miller, M. D.
 (Address) Montrose 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.

FEB 24 1932

