

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

Do not use this space.

1. PLACE OF DEATH

County Henry Co.
Township Telford
City Calhoun Mo. (No.) (Ward)

Registration District No. 349
Primary Registration District No. 2787

File No. 32853
Registered No. 14

2. FULL NAME Martha Ellen Barron

(a) Residence. No. St. Ward.
(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)** Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 - 1846

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. min.
87 | 1 | 16 | = min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Ill.

10. NAME OF FATHER John Stone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Mary Frankfurt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT P. S. Barron
(Address) Calhoun Mo.

15. FILED 10/19 33 Mrs. A. A. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1933

17. I HEREBY CERTIFY That I attended deceased from Aug 30, 1933, to Oct 18, 1933 that I last saw alive on Oct 18, 1933, and that death occurred, on the date stated above, at 5:21 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Liver (Scirrhus-cerebriformis)
Heart (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Heart & Arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. no DATE OF ✓

WAS THERE AN AUTOPSY. no

WHAT TEST CONFIRMED DIAGNOSIS.
(Signed) D. A. Pellaad M. D.
, 19 (Address) Calhoun 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 Calhoun Mo. **DATE OF BURIAL** Oct 19 1933

20. UNDERTAKER C. A. Roof Windsor 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.

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