

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.

LEB 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1050

1. PLACE OF DEATH

County HENRY Registration District No. 257
Township Fairview Primary Registration District No. 4208
City Big Water (No. _____) St. _____ Ward) _____

File No. _____
Registered No. 1

2. FULL NAME Martha Dauwalter

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 - 184,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 4 18

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

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) Russville
(STATE OR COUNTRY) Kentucky

13. NAME Medford Blanchard

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) _____

15. MAIDEN NAME Catherine Blanchard

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) _____

17. INFORMANT B. H. Campbell
(ADDRESS) Big Water, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walp. Cem DATE 1-11-36

19. UNDERTAKER Tom Hunt
(ADDRESS) Big Water, Mo

20. FILED 2-10-36 1936 J. H. [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 20, 1935, to Jan 9, 1936

I last saw h. alive on Jan 5, 1936 Death is said

to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset _____

Other contributory causes of importance: Age

Name of operation _____ 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) J. H. [Signature], M. D.

(Address) Big Water, Mo

