

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

Do not use this space.

35209

1. PLACE OF DEATH
 28 County Crawford Registration District No. 299
 Township Boone Primary Registration District No. #139
 City..... (No. 5211)..... St. Ward.....
 Registered No.....

2. FULL NAME Martha Jane Ratliff
 (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

4 MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE w.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ratliff
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 28

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to Nov 4, 1932
 I last saw her alive on Nov 4, 1932. Death is said to have occurred on the date stated above, at 11:40 p.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 92
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93 D
 10. Date deceased last worked at this occupation (month and year) Sept 1, 1932
 11. Total time (years) spent in this occupation 92 B

The principal cause of death and related causes of importance were as follows:
Indo-carditis
B. & Pericarditis
& Myocarditis. (1)
 Other contributory causes of importance: 92 B
Sensibility
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshal Co Tenn
 13. NAME Martha Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshal Co Tenn

Name of operation..... Date of.....
 What test confirmed diagnosis? physical Was there an autopsy? no

MOTHER
 15. MAIDEN NAME Abnita Watten
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshal Co Tenn

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.

17. INFORMANT Eliza Goddard
 (ADDRESS) 5014 Rippen ave St. L
 18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Nov 6

Manner of injury.....
 Nature of injury.....

19. UNDERTAKER Tom P. Shaffer
 (ADDRESS) Sullivan mo

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) R. P. Rosse, M. D.
 (Address) Sullivan mo

20. FILED Nov 4, 1932 Edw. Adams
 Registrar.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ROE should or stated EXACTLY. PHYSICIANS should state

NOV 23 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Crawford
Township Boone
City (No. St. Ward)

Registration District No. 229
Primary Registration District No. 5211

File No.
Registered No.

2. FULL NAME

Martha Jane Raliff

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 April 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 28

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

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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Nov. 4 1932 E. W. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1932

22. I HEREBY CERTIFY, That I attended deceased from

to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at...

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

Date of onset

Other contributory causes of importance:

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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