

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

Do not use this space.

5355

809

**1. PLACE OF DEATH**

48  
16  
2  
1  
County Jackson Registration District No. \_\_\_\_\_  
Township Third Primary Registration District No. \_\_\_\_\_  
City Hanson City (No. 610) Senate apt Hotel St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

Mrs Martha Teel.

(a) Residence, No. Senate Hotel Bennett Court 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) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
approx 32

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

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) Plainview Texas

13. NAME Mr. E. F. McClendon

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mr. Carl Teel (ADDRESS) Senate Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Plainview Texas Feb 20, 33

19. UNDERTAKER (ADDRESS) H. Higginson & Son's 2738 1/2 South E St

20. FILED 2/18/33 M. M. Kerwin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19

I last saw him \_\_\_\_\_ live on \_\_\_\_\_, 19. Death is said

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

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

Cyanide poisoning Date of onset 4/2

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_

What test confirmed diagnosis? Organic chemical tests Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of injury 2/18/33

Where did injury occur? Senate Hotel Hanson

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury unknown

Nature of injury Poison by cyanide

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.

(Address) Deputy Coroner

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.

