

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township
City Pleasant Hill (No. , St. , Ward)

Registration District No. 157
Primary Registration District No. 4091

File No. 9 4250
Registered No. 37

2. FULL NAME Martha A Bronaugh

(a) Residence, No. , St. , Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27 1873</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>8</u>	DAYS <u>13</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>Housekeeper</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

13. NAME J. G. Knauff

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

15. MAIDEN NAME Laura A. Thallman

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

17. INFORMANT W. A. Bronaugh
(ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE Feb 12 1934

19. UNDERTAKER W. W. How
(ADDRESS) Pleasant Hill, MO

20. FILED Feb-10 1934 F. D. Murney M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to Feb. 10, 1934
I last saw her alive on Feb. 10, 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Primary Carcinoma of Liver
4 1/2 F 4 6
Other contributory causes of importance:

Name of operation yes Date of Dec 1932
What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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) F. D. Murney, M. D.
(Address) Pleasant Hill, 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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