

DEC 18 1936

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

Do not use this space.

40834

## 1. PLACE OF DEATH

County Daviess  
Township Grand River  
City                      (No.                     )

Registration District No. 251  
Primary Registration District No. 5550

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME Martha Melvina Troxel

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

Length of residence in city or town where death occurred 2 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ira W. Troxel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 20, 1857</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>8</u>
		DAYS
		<u>8</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.		<u>Home</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>At Home</u>
10. Date deceased last worked at this occupation (month and year) <u>Nov. 1931</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Enos Terry</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Eds</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Ira W. Troxel</u> (ADDRESS) <u>Jameson, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Scotland Cemetery</u> DATE <u>Nov. 29, 1936</u>		
19. UNDERTAKER <u>Hope Furn. &amp; Undt. Co.,</u> (ADDRESS) <u>Gallatin, Mo.</u>		
20. FILED <u>Nov 28 1936</u> <u>Jus E. Robinson</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to Nov. 28, 1936  
I last saw h. alive on Sept. 24, 1936. Death is said to have occurred on the date stated above, at 1:30 PM  
The principal cause of death and related causes of importance were as follows:

Paralysis acute ascending Date of onset 1936

Other contributory causes of importance:  
Debility of age

Name of operation None 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? No 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? No  
If so, specify                     

(Signed) M. A. Smith, M. D.

(Address) Gallatin, Mo.

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. PHYSICIANS should state EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION is very important.

