

REC- APR 7 1938

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

10062
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 47
(b) Township Deer Creek Primary Registration District No. 4627 Registered No. 7
(c) City Adrian (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred _____ mos. ds. (f) How long in U. S., if of foreign birth _____ yrs. mos. ds.

2. PRINT FULL NAME Martha Francis Reproad 263

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 Chas. L. Reproad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 22 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Boone Co., Mo

FATHER 13. NAME Daniel Lamb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Martha ??
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT L. C. Reproad
(ADDRESS) 5425 Lydia St. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek DATE 3/27 1938

19. FUNERAL DIRECTOR Leath & Six
(ADDRESS) Adrian

20. FILED 3-27- 1938 John O. Apple
Local Registrar. 50

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1938, to 3-25, 1938
Last saw her alive on 3-25, 1938? Death is said to have occurred on the date stated above, at 10-P m.

The principal cause of death and related causes of importance were as follows:
Pneumonia (bronchial)

Date of onset 3-16-38

Other contributory causes of importance: 1096

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) E. E. Robinson, M. D.
(Address) Adrian, 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.

STATEMENT BY LICENSED EMBALMER

I, C.A.Six, Licensed Embalmer No. 3650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

C.A.Six & Fred T.Creath, License Embalmer #3343

No.or by..... Registered Apprentice No.

working under my personal supervision.

Signed

C.A. Six

Licensed Embalmer No. 3650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)