JAN 15 1940

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

44964
Do not use this space.

1. PLACE OF DEATH
(a) County Wayne 2 Registration District No. 1020
(b) Township Jefferson 1 Primary Registration District No. 6190 Registered No.
(c) City McGee (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 4 ds. 23 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 4/11 Martha Ellen Clubb
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS | MONTHS 4 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
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): McGee Missouri

FATHER
13. NAME: Odis Clubb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zalina Missouri

MOTHER
15. MAIDEN NAME: Martha Vanmatre
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arab Missouri

17. INFORMANT (ADDRESS): Byron DeCelis McGee Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Brush Creek DATE: Nov. 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): P. S. Rodgers McGee Mo.
20. FILED: Dec 20, 1939. G. N. Kimmel, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1939, to Oct. 27, 1939
I last saw her alive on Oct 26, 1939. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Colitis

11 A P

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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, 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? 2
If so, specify
(Signed) E. C. Masters, M. D.
(Address) Advance, Mo.

Licensed Embalmer's Statement on Reverse Side)

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 stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-1-12-38 I X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.