

FILED MAR 18 1940

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

6814

Do not use this space.

1. PLACE OF DEATH

(a) County Hawley Registration District No. 284
 (b) Township Benton Primary Registration District No. 5559 Registered No. _____
 (c) City _____ (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 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
630 Martha Jane Surratt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fw 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. Surratt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69- 3 2

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. Housewife
 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) Hawley Co. Mo

13. NAME Stellman Surratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jaqueville 1

15. MAIDEN NAME Lucy Daniels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferguson 1

17. INFORMANT (ADDRESS) J. B. Surratt
Fultonville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fultonville DATE 1-29-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Surratt
West Plains, Mo

20. FILED 1-29-1940 Vida W. SIMONS
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-26-1940 to 1-27-1940. I last saw her alive on 1-26-1940. Death is said to have occurred on the date stated above, at 9:55 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: 920

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? _____ 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) W. H. Surratt M. D.
 (Address) West Plains, Mo

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.

RECEIVED

District Health Officer No. 5,

District File Number. 340260

Date Filed 3840

Signed Raymond D. Roberts

Licensed Embalmer No. 3435

P. O. Address West Haven Ct

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.