

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

Do not use this space.

41240

1. PLACE OF DEATH

89 County Ray  
Township Orrick  
City: \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 743  
Primary Registration District No. 5478

File No. \_\_\_\_\_  
Registered No. 35  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Martha Ellen Proctor

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/22/1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
55 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244  
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) Ray Mo

FATHER 13. NAME James W. Proctor

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

MOTHER 15. MAIDEN NAME Lotta Hannah

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

17. INFORMANT Mrs. Sarah M. Green  
(ADDRESS) Orrick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point Cem DATE 12/26 1932

19. UNDERTAKER C. Wilkerson  
(ADDRESS) Orrick Mo

20. FILED Nov 26 1932 L. E. Collins  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31<sup>st</sup> 1932 to Dec 24<sup>th</sup> 1932

I last saw her alive on Nov - 1932. Death is said to have occurred on the date stated above, at 100 m.

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

Cerebral Hemorrhage -  
Arteriosclerosis -  
Arteritis infarctans  
Other contributory causes of importance: 1  
Arteriosclerosis -  
Arteritis infarctans

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 \_\_\_\_\_, 1932

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) Robt. Smith, M. D.

(Address) Orrick 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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