

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

Do not use this space.

28689

1. PLACE OF DEATH

County Cape Girardeau
Township Shannon
City _____ (No. _____)

Registration District No. 129
Primary Registration District No. 5180

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Martha Evelyn Gohm 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of David Gohm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10-1860

7. AGE YEARS 72 MONTHS - DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, 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) Missouri (STATE OR COUNTRY)

13. NAME Perry Byrd

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

15. MAIDEN NAME Arcadia Mizell

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

17. INFORMANT Mrs. H. A. Steinhoff (ADDRESS) Cape Girardeau Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Indian Creek DATE 9-24 1932

19. UNDERTAKER Reisenbighler & Co (ADDRESS) Pocahontas Mo

20. FILED Sept 24 1932 J. J. Schorn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9 1931, to Sept 28 1932

I last saw him alive on Sept 10 1932. Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Mitral Regurgitation Date of onset

92A

Other contributory causes of importance:

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) R. D. Block _____, M. D.

(Address) Pocahontas Mo

