

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township San Blue Primary Registration District No. 3554
City Kansas City (No. 1429 Cedar Ave., Independence, Mo. St. 150 Ward)

File No. 16589Registered No. 150

2. FULL NAME

Mary J. Martin

(a) Residence, No. 300 Spruce, Kansas City, Mo. Ward 9
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Martin22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 4-23, 1937I last saw HER alive on 4-23, 1937. Death is said to have occurred on the date stated above, at 3 A. m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17, 1850

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 2 6CEREBRAL HEMORRHAGE
ESSENTIAL HYPERTENSION

Date of onset

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

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

Other contributory causes of importance:

SENILITY12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania13. NAME LinnName of operation NONE Date of _____14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PennsylvaniaWhat test confirmed diagnosis? CLINICAL. Was there an autopsy? NO15. MAIDEN NAME Dean

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Wm. D. Martin
300 Spruce, Kansas City, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, ~~PLACE~~ Forest Hill Cem.
Kansas City, Mo. DATE April 24, 1937

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) Stine & McClure
3235 Gillham Plaza

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. Lynch, M. D.(Address) 10367 INDEPEND AVE.20. FILED 4-28-1937 F. L. Cook
Registrar.

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

500 10-1-37

between 5 & 6 10307 Soap Ave