

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

Do not use this space.

37126

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4951
 Township Kear Primary Registration District No. 1002 Registered No. 4951
 City Kansas City (No. 808 Huntington Road) St. _____ Ward _____

2. FULL NAME

Mrs. Martha A. Pierce
 (a) Residence. No. 808 Huntington Rd. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 22-1849</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>At home</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>John W Jenkins</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>
	12. MAIDEN NAME OF MOTHER <u>Eunice Nichols</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>

14. INFORMANT Burton Pierce
 (Address) 7419 State Line

15. FILED 2/29 1927 M.M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1927
 17. I HEREBY CERTIFY, That I attended deceased from Dec 31 1927, to Dec 27, 1927
 that I last saw h. _____ alive on Dec 27, 1927, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis -
131
 (duration) _____ yrs. 6 mos. da.
 CONTRIBUTORY Chronic Nephritis -
 (SECONDARY)
 (duration) 2 yrs. _____ mos. da.

18. WHERE WAS DISEASE CONTRACTED Ill.
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
 (Signed) J. Chama, M. D.
12/28, 1927 (Address) 915 Argyle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Moriah DATE OF BURIAL 12/29/27

20. UNDERTAKER The Freeman Mortuary 42nd Baltimore
 ADDRESS

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.

CONTINUATION RECORD

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