

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

Do not use this space.

12581

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No.) St. Ward

Registration District No. 156
Primary Registration District No. 4095

File No.
Registered No. 25

2. FULL NAME

Emily Mahan Martindale

(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 14 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

Joseph Martindale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 11 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Matthew Mahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT (Address) Rt. 1 Mahan Harrisonville Mo

15. FILED 4/8 28 A. S. Long REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1928

17. I HEREBY CERTIFY, That I attended deceased from March 17 1928, to April 2 1928 that I last saw her alive on April 2 1928, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY (SECONDARY) 131 1290

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. May M. D. 4/4 1928 (Address) Harrisonville Mo

*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 Oakland DATE OF BURIAL 4/4 1928
20. UNDERTAKER Rummerburg Bros ADDRESS Harrisonville

* 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.

