

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

Do not use this space.
17968

1928

1. PLACE OF DEATH

County Asage Registration District No. 639
Township St. Robert Primary Registration District No. 6848
City St. Robert (No.) St. Ward)

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Martha Mennerua Mohan

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (if nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 25th 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>1</u>	<u>3</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Summerfield
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm. K. Mohan

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

12. MAIDEN NAME OF MOTHER Rebecca Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Dr. McHenry
(Address) St. Robert Mo

15. FILED 5/29 1928 J. J. Keuper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 0-28 1928

17. I HEREBY CERTIFY That I attended deceased from May 10th 1928 to May 20th 1928
that I last saw alive on May 20 1928, and that death occurred, on the date stated above, at 11:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pericarditis

90 B 8/1
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 8/1
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH,

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. D. Rowley, M. D.
, 19 (Address) Chamart Ind

*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 St. Robert Cemetery DATE OF BURIAL 5-30 1928

20. UNDERTAKER Wm. Musgrove ADDRESS Mo. Kansas 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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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