

JUL 26 1928

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

Do not use this space.

21242

1. PLACE OF DEATH

County Marion Registration District No. 546
Township Johnson Primary Registration District No. 5735
City Johnson (In St. Ward)

File No.
Registered No. 8

2. FULL NAME

Martha McKensie

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

Length of residence in city or town where death occurred 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) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.R. McKensie
7. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
8. AGE YEARS 56 MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Born in Germany
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT W.R. McKensie
(Address) Vets Mo.

15. FILED June 22, 1928 Sam A. Warner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1928
17. I HEREBY CERTIFY That I attended deceased from June 19 1928 to June 19 1928
that I last saw h.c. alive on June 19 1928, and that death occurred, on the date stated above, at 5:10 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexia

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH. NO DATE OF
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Geo. W. Horton, M.D.
June 20, 1928 (Address) Rolla 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 Macedonia DATE OF BURIAL June 20 1928

20. UNDERTAKER Wells & Licklider ADDRESS Rolla, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

