OCT 26 1928

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

Do not use this space.

30846

1. PLACE OF DEATH
County Lasher
Township Duval
City Medoc Mo. Route 1
Registration District No. 412
Primary Registration District No. 5570
File No.
Registered No. 5
St. Ward)

2. FULL NAME Mrs. Martha Everett
(a) Residence. No. Near Medoc Mo. Ward.
(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

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 widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 27, 1856
7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| 72 | 5 | 23 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework 82 D 82 D 97
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Muntfordville
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER John Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary King
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Emmett Pierce Son
(Address) Pittsburg Kan
15. FILED 9/21 1928 Charles E Scafe REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1928
17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Sept 20, 1928 that I last saw her alive on Sept 17, 1928, and that death occurred, on the date stated above, at 7-30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis due to Central Hemorrage
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) high blood pressure
arterio Sclerosis (duration) yrs. mos. ds.
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?
(Signed) B M Henry, M. D
, 19 (Address) Albany 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 Nashville Mo.
DATE OF BURIAL Sept 22 1928
20. UNDERTAKER Steele Und. Co.
ADDRESS Hebb City 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD