

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

Do not use this space.

35462

1. PLACE OF DEATH
 County Jackson Registration District No. 398 File No. _____
 Township Blue Primary Registration District No. 5957 Registered No. 363
 City Independence (No. Route # 3 Indep., Mo. - St. _____ Ward _____)

2. FULL NAME Martha Ann Shine
 (a) Residence No. P# 3, Indep., Mo. St. _____ 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Mo.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT A. D. Shine
 (Address) P. # 3, Indep., Mo.

15. FILED 10/20, 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 16 1928 to Oct 19 1928 that I last saw her alive on Oct 19 1928, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Dilatation due to Chronic Hypertension
Diabetes Mellitus (duration) yrs. mos. ds. one hour
+ Asthma (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____

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 Clinical + Laboratory
 (Signed) F. L. Cook M. D.
 (Address) Independence
 *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 Edinwood DATE OF BURIAL Apr 19 28

20. UNDERTAKER A. H. Newcomer's Sons ADDRESS K. C. 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.

STATE OF MISSOURI, WITH UNPAID INDEBTMENT IS A PENALTY RECORD

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