

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

Do not use this space
1018 33925

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo (No. 3330 Wabash) St. _____ Ward _____

2. FULL NAME Mrs. Martha H. McDaniel
 (a) Residence. No. 3330 Wabash St., 13 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	80	5	23	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. At home
 (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) Kentucky

10. NAME OF FATHER George W. Walker

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

12. MAIDEN NAME OF MOTHER Lenora Bloyd

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

14. INFORMANT Mrs. J. L. Bonnell
 (Address) 3330 Wabash

15. FILED 10/33, 1929 Mc M. Crowe REGISTRAR
asst.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Oct 22, 1929, that I last saw him alive on Oct 22, 1929, and that death occurred, on the date stated above, at 9:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
97
 (duration) shortly yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) several years yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical diagnosis
 (Signed) Dr. E. W. Dunlop, M. D.
10/23, 1929 (Address) 314 Withman Bldg

*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 Bonner Springs, Kansas **DATE OF BURIAL** 10/24, 1929

20. UNDERTAKER Freeman Mortuary **ADDRESS** 104 W 42nd

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.

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Rev. S. W. Burdick
314 W. 14th St. N. D.
Bismarck, N. D.
Feb 10 1891