73

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

Do not use this space.

34560

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 81
Township Neosho — Primary Registration District No. 5808 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Martha Ruth Passmore
(a) Residence. No. RFD. #1 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 - 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	17	4	4	

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

9. BIRTHPLACE (CITY OR TOWN) Harrison
(STATE OR COUNTRY) Arkansas

PARENTS
10. NAME OF FATHER Thomas E. Passmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leslie
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Cara Speaks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Home
(STATE OR COUNTRY) Arkansas

14. INFORMANT Thomas E. Passmore
(Address) Neosho Mo RFD. #1

15. FILED 11/9, 1929 C. E. Mauer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31. 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1929, to Oct 31, 1929 that I last saw her alive on Oct 28, 1929, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic valvular heart disease all valves apparently involved. 1:31
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(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? none
(Signed) R C Lawson, M. D.
Nov 1, 1929 (Address) Neosho 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	DATE OF BURIAL
I O O F. Cemetery	Nov. 2 1929
20. UNDERTAKER	ADDRESS
J. C. Thompson	Neosho