

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

Do not use this space.

39603

1. PLACE OF DEATH

County Barry
Township Grave Creek
City Grave

Registration District No. 29
Primary Registration District No. 5046
(No. RED #1)

File No. _____
Registered No. 78
St. _____ Ward _____

2. FULL NAME

Martha M Arney
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 21

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) Lovan Co- Tenn
(STATE OR COUNTRY)

10. NAME OF FATHER W. B. Johnson

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

12. MAIDEN NAME OF MOTHER Susan Parks

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

14. INFORMANT R.M. Arney
(Address) Grave Mo

15. FILED Jan 1 1920 Mrs H. R. Williams
P.P.T. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1929, to Dec 8, 1929
that I last saw her alive on Dec 6, 1929, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes

50 yrs. 5 mos. 17 ds. (duration)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature], M. D.

12-9-1929 (Address) Grave 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

Osa Cemetery 12/9 1929

20. UNDERTAKER ADDRESS

King Funeral Home Aurora Mo

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

