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

Do not use this space.

2628

701

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 39

City St Louis (No. 4018 Cottage ave St. ..... Ward)

2. FULL NAME Martha Haddon

(a) Residence. No. 4018 Cottage ave St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Femal	white	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	63	9	24	

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

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J J Burnett

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

12. MAIDEN NAME OF MOTHER Johannah Moss

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

14. INFORMANT Elizabeth Metzel
(Address) 2998 Edgar

15. FILED JAN -2 1930 Max C Starkey REGISTRAR

2 235

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1929 to Jan 1, 1930 that I last saw her alive on Dec 31, 1929 and that death occurred, on the date stated above, at 1:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Apoplexy - (Cerebral)
97
(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. A. Benson M. D.

Jan, 1930 (Address) 4702 Easton

*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. Natural Death

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Willow Springs Mo	Jan 2nd 1930

20. UNDERTAKER	ADDRESS
Cullen & Kelly	45 N Easton

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.