

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 28 1930

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

Do not use this space.

7367
7369

1. PLACE OF DEATH
County Scott Registration District No. 816
Township _____ Primary Registration District No. 4492
City Chaffee (No. _____) St. _____ Ward _____

2. FULL NAME Martha Way
(a) Residence. No. _____ 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. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 3
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) — — 1860

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

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

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Seabough

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

12. MAIDEN NAME OF MOTHER Patric Robinson

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 to Feb 10 1930 that I last saw her alive on Feb 10 1930 and that death occurred, on the date stated above, at 11:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritic
Pulmonary Edema
(duration) yrs. mos. ds. 2

CONTRIBUTOR (SECONDARY) Pulmonary Edema (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED? Mo
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Substantive Clinical
(Signed) J. B. Sample M. D.
2-11-30 (Address) Chaffee Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Main Groves Cem. Kaukaea DATE OF BURIAL 2/11/1930

20. UNDERTAKER Burial Home & Hubbard ADDRESS Chaffee Mo.

14. INFORMANT Mad. Yagrum (Address) 241 Wall St. Kaukaea

15. FILED 2-12-30 J. B. Sample REGISTRAR

