APR 28 1930

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

Do not use this space.

8291

1. PLACE OF DEATH
County Franklin
Township [redacted]
City Union (No. ..... St. ..... Ward)

Registration District No. 296
Primary Registration District No. 4180

File No. .....
Registered No. .....

2. FULL NAME Martha A. Ware

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

WRITE 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	3	8	

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

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

PARENTS
10. NAME OF FATHER Wilburn Hendrix
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Phoebe Arnstead
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Sullivan, Mo.

14. INFORMANT Mr. L. P. Ware
(Address) Union, Mo.

15. FILED 3/12, 1930 E. A. Sturberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25th, 1930, to March 11, 1930 that I last saw her alive on March 10, 1930, and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
92K
16V
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility
(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? Clinical Symptoms
(Signed) C. F. Brueghle, M. D
Mar 12, 1930 (Address) St. Clair 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 Old Morrellton Cemetary
DATE OF BURIAL March 13 1930

20. UNDERTAKER Union Furn Co. by W H HORN
ADDRESS Union Mo.