

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

Do not use this space.

8726

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Yean Primary Registration District No. 1002
 City Kansas City (No. Kansas City Genl Hosp) St. _____ Ward _____

File No. _____
 Registered No. 1403

2. FULL NAME

(a) Residence No. 36 Warner Plaza Ward 9
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1924
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 6 4

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

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

PARENTS
 10. NAME OF FATHER Vance Martin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 12. MAIDEN NAME OF MOTHER Birdie Hiller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Board Clerk
 (Address) Kansas City Genl Hosp

15. FILED Jun 17 1930 M. M. Corvick REGISTRAR
Ans

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-10 1930
 17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930 to March 10, 1930 that I last saw her alive on March 10, 1930 and that death occurred, on the date stated above, at 1:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scarlet Fever
8 30 (duration) yrs. mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? m DATE OF _____
 WAS THERE AN AUTOPSY? m

WHAT TEST CONFIRMED DIAGNOSIS? Plum & Hal Fund
P. P. Weickert, M. D. (Signed)

3-11 1930 (Address) Dept 7c Genl Hosp

*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
Place in Storer McClure 3-19 1930

20. UNDERTAKER ADDRESS 3235
Storer & McClure William Plenge

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.

