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

Do not use this space.

15228

1. PLACE OF DEATH
County Atchison — Registration District No. 17 — File No. 11
Township Clark — Primary Registration District No. 5021 — Registered No. 469
City ~~Fairfax~~ (No. ..... St. ..... Ward)

2. FULL NAME Catherine Pressnal Martin

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	1	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Indiana

PARENTS
10. NAME OF FATHER Nathain Pressnal
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Hunden, Mahalley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana

14. INFORMANT Jas. Martin
(Address) Fairfax, Mo.

15. FILED 5-16 1930 J. W. Blevins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1930

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1929, to May 9, 1930 that I last saw her alive on May 7, 1930 and that death occurred, on the date stated above, at 11:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

162 (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 164 (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? —
(Signed) [signature], M. D.
5/9, 1930 (Address) Fairfax 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: Pleasant Ridge — DATE OF BURIAL: May 11 1930

20. UNDERTAKER: J. M. Davis — ADDRESS: Tarkio

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.