

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.

NOV 26 1930

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

Do not use this space.

33785

1. PLACE OF DEATH

County Pike
Township Clarksville
City Clarksville (No. 4409)

Registration District No. 685
Primary Registration District No. 120013

File No. 28
Registered No. 30
St. _____ Ward)

2. FULL NAME

Martha Bankhead

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 20 1862</u>		
7. AGE <u>67</u>	YEARS <u>11</u>	MONTHS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Matron
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS	10. NAME OF FATHER <u>Cary R Bankhead</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Virginia</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Edwanda B. Everett</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Palmyra</u> (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Mrs M M Killian
(Address) Clarksville

15. FILED Nov 1, 1930 H H Treadway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1930
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Oct 28, 1930, that I last saw her alive on Oct 25, 1930, and that death occurred, on the date stated above, at 245 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

curved hemorrhage
82A

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 740
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. E. Bankhead M. D.
Oct 28, 1930 (Address) Clarksville 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 Clarksville Mo DATE OF BURIAL 10-29-30
20. UNDERTAKER L H Brown ADDRESS Clarksville

