MAR 25 1931

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

Do not use this space.

1809

File No. 2

Registered No. 137

1. PLACE OF DEATH

County: Jasper — Registration District No. 418

Township: Jasper — Primary Registration District No. 5372

City: ~~Cityplace~~ Kans (No. ..... R.F.D. 1 ..... St. ..... Ward)

2. FULL NAME Martha Schooley

(a) Residence. No. ..... (Usual place of abode) Opolis Kansas St., Rt #1 Ward. ..... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

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 Martin Schooley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	7	5	

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) unknown (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Wm Stafford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER ? Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) Indiana

14. INFORMANT Clyde Schooley (Address) Opolis Kans Rt #1

15. FILED 1-5 1931 W. H. Clemmer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-28, 1930, to 1-2, 1931, that I last saw her alive on 1-2, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

72 A

..... (duration) ..... yrs. ..... mos. 6 ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (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) W. A. McKelvey, M. D.

1931 (Address) Asbury 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 — DATE OF BURIAL

Mt Olive Cem Pittsburg Kans 1-5 1931

20. UNDERTAKER Allen Yancey — ADDRESS Pittsburg

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.