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.

MAY 2 1 1931

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

Do not use this space.

13311

1. PLACE OF DEATH

11 County Buchanan Registration District No. 86

Township Washington Primary Registration District No. 5127

City St. Joseph (No. 10 & Fowler St. Ward)

File No.

Registered No. 35

2. FULL NAME Martha Jane Fattig

(a) Residence. No. 2323 So 9th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 225

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lawrence
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER William Clines

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Alice Unknown

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

14. INFORMANT Charles Fattig
(Address) 2323 So. 9th St.

15. FILED Apr 9 1931 J. J. Bauschel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ....., 19...., to ....., 19.... that I last saw her alive on ....., 19...., and that death occurred, on the date stated above, at 6 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11 B

104 B

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (SECONDARY) Frontal Sinusitis

(duration) ....yrs. ....mos. 14 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? History

(Signed) B. W. Tadlock Coroner, M. D.

821 Francis

4/8th 19 31 (Address)

*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
Green Cemetery	April 9 1931

20. UNDERTAKER	ADDRESS
E. L. Sidenfaden	602 So. 10