

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

Do not use this space.

17955

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Maw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 2922 East 29402) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 2216  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mrs. Martha Abernathy Coulter  
(a) Residence No. 7426 Jefferson St., 8 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 25, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 3 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Redbud (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Thomas Abernathy

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

12. MAIDEN NAME OF MOTHER Mrs. Simmons

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

14. INFORMANT Clarence E. Emmitt Coulter (Address) 7426 Jefferson St.

15. FILED 5/8 31 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to May 7, 1931 that I last saw h. sa. alive on May 6, 1931, and that death occurred, on the date stated above, at 3:45 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Cervix Uteri

CONTRIBUTORY (SECONDARY) 48 (duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) C. N. Rose, M. D. 7/8 . 1931 (Address) 103 N. Edward

\*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

Int. Moriah May 8 1931

20. UNDERTAKER ADDRESS

D. N. Newcomer's Sons 2111 E. 9<sup>th</sup> St.

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.

Mr. C. M. Rose  
103 North 8 Street  
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