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.

OCT 22 [illegible]

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

Do not use this space.

31028

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 687
City Springfield (No. 1541 N. Grant Ave. St. Ward)

2. FULL NAME Martha E. Tate
(a) Residence, No. 1541 N. Grant Ave St. Ward. (If nonresident, give city or town and State)
(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 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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1850
7. AGE YEARS 81 MONTHS 3 DAYS 1 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER
13. NAME Robert Moffitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER
15. MAIDEN NAME Cynthia Gardner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Deltha Henegar Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Danforth Cemetery DATE Sep 19 1931
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield Mo.
20. FILED 9-14 1931 Lon Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18- 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1931 to Sept 18 1931
I last saw her alive on Sept 16 1931. Death is said to have occurred on the date stated above, at 1 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82	
102	

Other contributory causes of importance: ~~Cerebral~~ Hypertension Arterial

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C H Max Fitch, M. D.
(Address) 540 1/2 E Commercial Springfield Mo.

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