

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

Do not use this space.

37717

1. PLACE OF DEATH

County..... Jackson Registration District No.
Township..... Kaw Primary Registration District No.
City..... Kansas City (No. St. Joseph Hospital) St. Ward)

File No.
Registered No. 37717
St. Ward)

2. FULL NAME Martha ~~Parsons~~ Hartnett

(a) Residence, No. 3812 Garfield St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8th, 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoppa Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Okla.

MOTHER 13. NAME Jno. V. Hartnett

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Alva Moreless

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Kansas

17. INFORMANT Jno. V. Hartnett
(ADDRESS) 3812 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE McAdams Lawn DATE 11/16 1931

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED 11/15 1931 M. M. Croger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/12 1931

22. I HEREBY CERTIFY that I attended deceased from Sept. 1 1931 to November 12 1931
I last saw him alive on 11/2/31 1931 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia
Chr. Parenchymatous Nephritis
131
Other contributory causes of importance: 132.5

Date of onset 11/10/31

8/20/31

131
Name of operation none Date of 11/12/31
What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? G.C.P. Mo.
(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 Chronic Nephritis
(Signed) W. F. Mayberry M. D.
(Address) 1925 Angelle 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.

