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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 33216
Township Kaw — Primary Registration District No. 1002 — Registered No. 4151
City Kansas City (No. Netherlands Hotel St. Ward)

2. FULL NAME Mrs. Martha J. Blythe
(a) Residence, No. Netherlands Hotel St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 45 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1855
7. AGE: YEARS 78 — MONTHS 1 — DAYS 26 — 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.
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) Missouri

FATHER
13. NAME Zach Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Sarah Jane Reese
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Baxter B. Blythe K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill, Mo. DATE 10-23-33
19. UNDERTAKER (ADDRESS) Freeman Mortuary K. C. Mo.
20. FILED 10-22 1933 M. M. Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1933
22. I HEREBY CERTIFY, That I attended deceased from 10/18, 1933, to 10/21, 1933
I last saw her alive on 10/21, 1933. Death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1186	
95 B	
acute dilatation of the heart	10/21/33
Other contributory causes of importance:	
acute Gastritis	10/18/33

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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) S. E. Prentiss, M. D.
(Address) 1215 Rialto Bldg.

Dr. H. S. Prentiss

5121 Troost