

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

Do not use this space.

42430

1. PLACE OF DEATH
 County Webster Registration District No. 899
 Township Jackson Primary Registration District No. 6200
 City (No. _____) St. _____ Ward _____

2. FULL NAME Martha M. Hartley
 (a) Residence, No. _____ 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25-1855

7. AGE YEARS 78 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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** _____

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1934

I HEREBY CERTIFY That I attended deceased from Dec 15, 1933, to Dec 20, 1934.
 I last saw her alive on Dec 19, 1933. Death is said to have occurred on the date stated above, at 1:00 P.m.
 The principal cause of death and related causes of importance were as follows:

Branches Pneumonia
194B 194B
107A
 Other contributory causes of importance: Fractured femur 292

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) E. M. Bailey M. D.
 (Address) Elklands Mo

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME OF FATHER George C. Laws

14. BIRTHPLACE (STATE OR COUNTY OR TOWN) N.C.

MOTHER

15. MAIDEN NAME James Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT (ADDRESS) Chas H. Hartman

18. BURIAL, CREMATION, OR REMOVAL PLACE St Luke DATE Dec. 24, 1934

19. UNDERTAKER (ADDRESS) W. J. McWhorter

20. FILED Jan. 4 1935 W. M. Bailey Registrar.

COPY PLAINLY, WITH UP GOING 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.

JAN 20 1934
112

WRITE

U.S. NO. 2

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