

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.

AUG 10 1934 226

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

Do not use this space.

1. PLACE OF DEATH

County Barton Registration District No. 40
 Township Cristy Primary Registration District No. 4024
 City Warmer (No. _____) St. _____ Ward _____

File No. 23123
 Registered No. 27

2. FULL NAME

Martha Anne Hall
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Merriam Kansas

13. NAME Ben Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kearney County Nebraska

15. MAIDEN NAME Goldie Neely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton County Missouri

17. INFORMANT (ADDRESS) Ben Hall Warmer Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Nigh Cemetery DATE July 3, 1934

19. UNDERTAKER (ADDRESS) S. F. Kanawitz Warmer Missouri

20. FILED 7/3 1934 A. G. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from May - 29th, 1934, to July - 2nd, 1934
 I last saw her alive on July - 2nd, 1934. Death is said to have occurred on the date stated above, at 10 P. M.

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

Septicemia as sequelae of scarlet fever

Date of onset 5-29-34

Other contributory causes of importance: _____

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) W. G. Apperwell, M. D.

(Address) Warmer, Mo.

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