

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 14 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 1509 So. 24th St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 23368  
Registered No. 876

**2. FULL NAME**

Martha Ann Kinder  
(a) Residence, No. 1509 So. 24th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hibbert Kinder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1862</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>1</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>	
	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) <u>Ringgold Co. Iowa.</u>		
MOTHER FATHER	13. NAME <u>Garrett Pottorff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Terre Haute Ind.</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT <u>Hibbert Kinder</u> (ADDRESS) <u>1509 So. 24th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem</u> DATE <u>July 27, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Meierholder</u> <u>1302 Aaron St. St. Joseph, Mo.</u>		
20. FILED <u>7-27-34</u> 19 <u>34</u> <u>John R. Bender</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:  
Return from Grand 11/14/33  
Electrocardiogram  
Death  
82 B  
92 B

Other contributory causes of importance:  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Wm. J. ... M. D.  
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

