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 13 1934

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

Do not use this space.

File No. 35124

Registered No.

1. PLACE OF DEATH
County Audrain
Township
City Martinburg (No. ..... St. ..... Ward)
Registration District No. 25
Primary Registration District No. 4019

2. FULL NAME Julia McHainey
(a) Residence, No. Martinburgh — St. MO Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/10/1865
7. AGE: YEARS 69 | MONTHS 2 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Housework
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) Callaway

FATHER
13. NAME Jom Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway

MOTHER
15. MAIDEN NAME Mary Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway

17. INFORMANT (ADDRESS) Mrs B. McHainey
18. BURIAL, CREMATION, OR REMOVAL
PLACE Martinburg Mo. DATE 10/18/34
19. UNDERTAKER (ADDRESS) A. L. Reynolds Jr Mexico Mo
20. FILED Oct 18 1934 Mary C. Jacobi Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1931, to 10-16-1934
I last saw her alive on 10-16-1934. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
93	

Other contributory causes of importance:

Cerebral Hemorrhage	
93	

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) H. J. Ector, M. D.
(Address) Mexico, Mo.