

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

Do not use this space.

NOV 13 1934

1. PLACE OF DEATH

County Barry
Township North
City Martha Antle

Registration District No. 34
Primary Registration District No. 6239

File No. 35149
Registered No. 23
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>John Antle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-24-1860</u>		
7. AGE <u>84</u>	YEARS <u>8</u>	MONTHS <u>2</u>
		DAYS <u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Housewife</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>Liberty, Kentucky</u>		
FATHER	13. NAME <u>Jim Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Ky</u>	
MOTHER	15. MAIDEN NAME <u>Lurie Brunson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Ky</u>	
17. INFORMANT (ADDRESS) <u>James Antle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionwood</u> DATE <u>10-16-1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. P. Searey</u>		
20. FILED <u>Oct 16 - 1934</u> <u>Mrs. H. P. Searey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-15- 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-3 1934, to Oct-14 1934
I last saw h. e. r. alive on Oct-14 1934. Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:
Uremia
Chronic Nephritis
Date of onset 10-9-34
years

Other contributory causes of importance:
Chronic Arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis Physical 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) Geo W Newman M. D.
(Address) Cassville, Mo.

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.

