

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

Do not use this space.

MAR 6 1935

6078

**1. PLACE OF DEATH**

County Merced  
Township Washington  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 504  
Primary Registration District No. 5747

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Martha A. Kendall

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Female

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Widowed

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan 5 1844

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>91</u>	<u>1</u>	<u>11</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Genl Co Ky

**10. NAME OF FATHER**

Thomas B. Sorubert

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ky

**12. MAIDEN NAME OF MOTHER**

Mary Harbo

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ky

**14. INFORMANT (Address)**

M. K. Kendall Princeton

**15. FILED**

2-16-35 Mrs. Claud Thomas REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Feb 16 1935

**17.**

HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Feb 16 1935 that I last saw her alive on Feb 15 1935, and that death occurred, on the date stated above, at 2 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Mitral regurgitation

**CONTRIBUTORY (SECONDARY)**

Cerebellar Paresis

**18. WHERE WAS DISEASE CONTRACTED**

at home in Princeton

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Physical Signs

(Signed) \_\_\_\_\_

M. Perry M. D.

, 19 35 (Address)

Princeton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Pine Cemetery 2-17 1935

**20. UNDERTAKER**

**ADDRESS**

Martin Funeral Home Princeton

65  
2  
2  
2  
2

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.

