

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.

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

Do not use this space.

29311

1. PLACE OF DEATH

County Greene Registration District No. 925-  
Township Walnut Grove No. 1 Primary Registration District No. 5450  
City Walnut Grove, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Martha K. Looney

(a) Residence, No. \_\_\_\_\_, Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesley Looney  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October-9-1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 11 8  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lantern maker  
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) Laclede County  
(STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Stephen Claypool

14. BIRTHPLACE (CITY OR TOWN) Greene  
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca Ann Kelley

16. BIRTHPLACE (CITY OR TOWN) Greene  
(STATE OR COUNTRY)

17. INFORMANT R. S. Claypool -  
(ADDRESS) Walnut Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Turkey Creek Church DATE Oct-18 1935

19. UNDERTAKER Drum Funeral Home  
(ADDRESS) Walnut Grove, Mo.

20. FILED Sept 18, 1935 J. M. Coleman  
Registr. dr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1935 to Sept. 17, 1935  
I last saw her alive on Sept. 17, 1935. Death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset 5 years

Other contributory causes of importance: Rheumatism, acromioclavicular joint, 5-7 yrs.

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. B. Garity, M. D.  
(Address) Walnut Grove, Mo.

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