

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.

JAN 15 1936

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

Do not use this space.

38652

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. (No. State Hospital #2)

File No. _____
Registered No. 1321 Ward _____

2. FULL NAME

Hannah Marty
(a) Residence, No. Kansas City, Mo. St. Mo. Ward _____

Kansas City, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Yrs. mos. da. How long in U. S., if of foreign birth? Yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White Amer</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>Widowed?</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14 - 1861</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>Obt</u>	<u>74</u>	<u>4</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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>Ohio, Lithrock</u>				
MOTHER	13. NAME <u>Wm Hickman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio, Buchanan</u>			
	15. MAIDEN NAME <u>Mary Yeater</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio, unknown</u>				
17. INFORMANT <u>State Hospital #2</u> (ADDRESS) <u>St. Joe, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pres. Burial Cem</u> DATE <u>12/24/35</u>				
19. UNDERTAKER <u>Blaine F. Hous</u> (ADDRESS) <u>St. Joe, Mo.</u>				
20. FILED <u>12-17</u> 19 <u>35</u> <u>John Bender</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on Dec. 17, 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Broncho Date of onset _____

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) N. Clifton Smith, M. D.
(Address) State Hosp #2
St. Joseph, Mo.

