JUL 29 1936

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

Do not use this space.

25281

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 3039 — Registered No. 168
City Nevada (No. , St. Ward)

2. FULL NAME Martha Ann Rannabargar
(a) Residence, No. 830 N. Cedar St., 1 Ward. Jefferson City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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) March 9 1851
7. AGE YEARS 85 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Not Known Missouri

FATHER
13. NAME James Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Kentucky

MOTHER
15. MAIDEN NAME Anna Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Mo

17. INFORMANT (ADDRESS) Ella M Brady
18. BURIAL, CREMATION, OR REMOVAL Russellville Mo DATE June 11 1936
19. UNDERTAKER (ADDRESS) Fury Funeral Home Nevada Mo
20. FILED 6/10 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 - 1936
22. I HEREBY CERTIFY, That I attended deceased from 6/2 1936, to 6/9 1936
I last saw her alive on 6/9 36, 19 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
Other contributory causes of importance: Arteriosclerosis
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? No
If so, specify
(Signed) J. M. Yates, M. D.
(Address) Nevada Mo