

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.

OCT 21 1936

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

Do not use this space.

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1. PLACE OF DEATH

County St. Louis Registration District No. 788  
Township Central City Primary Registration District No. 447.1  
City Webster Groves Mo. 226 Rosemont St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 35173  
Registered No. 107

2. FULL NAME Martha A. Harnett

(a) Residence, No. 226 Rosemont 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

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st. 1845  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 90 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. House-wife  
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) Stocton Mo.

13. NAME John Roberts

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

15. MAIDEN NAME Elizabeth Vernon

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

17. INFORMANT E. Bennett  
(ADDRESS) 226 Rosemont

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontain Cem. Sept. 29, 36

19. UNDERTAKER Alexander & Sons  
(ADDRESS) 617 S. Delmar

20. FILED 9-28-1936 Jules R. Yore  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1936  
22. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1936 to Sept 27 1936  
I last saw her alive on Sept 25 - 1936 Death is said to have occurred on the date stated above, at 2 P. M.  
The principal cause of death and related causes of importance were as follows:

Acute Coring Intoxication  
Date of onset 9/15/36

Other contributory causes of importance:  
Demilitary -  
Injury from Phenomena  
Hypertension  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ 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 9/15, 1936  
Where did injury occur? Other long webbed surface  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury slipped & fell on floor  
Nature of injury fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) W. H. Wall M. D.  
(Address) Webster Groves Mo

Dr. W. S. Orma  
6.71 E. Bay Road Rd Rep. 0147  
4 to 9.30 a.m.

Yr 408 Spring Ave