

FEB 17 1937

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson Registration District No. 395  
Township Sumner Primary Registration District No. 233/A  
City Blue Springs St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1167

2. FULL NAME

Martha E. Hallaway  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Richard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1861

7. AGE YEARS 76 MONTHS 0 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

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) Oak Grove

13. NAME Larkin Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove

15. MAIDEN NAME Sarah E. White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove

17. INFORMANT Mrs. Leta Graham (ADDRESS) Blue Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 1-17-37

19. UNDERTAKER R. B. Blunt (ADDRESS) Blue Springs

20. FILED Jan 15, 1937 F. W. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: Nephritis, Scurviation chronic Date of onset \_\_\_\_\_

Other contributory causes of importance: stroke

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_ as 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? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) [Signature] M. D. (Address) Blue Springs

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.

