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.

MAR 19 1937

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

Do not use this space.

File No. 2 6137
Registered No. 1

1. PLACE OF DEATH

County Iron — Registration District No. 1034
Township Liberty — Primary Registration District No. 5547
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Martha Louisa Knight

(a) Residence, No. ..... 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*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. F. Knight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1876

7. AGE — YEARS: 60 — MONTHS: 1 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Arcadia MO.

FATHER

13. NAME Wm. Riley Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

MOTHER

15. MAIDEN NAME Sarah Kennincan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT Earl Knight
(ADDRESS) Arcadia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arcadia Mo. DATE 2/4/37, 19

19. UNDERTAKER White & Son Ironton Mo.
(ADDRESS)

20. FILED 7-6-12, 1937 Mrs. Julia Coeyard. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-1-37, 19, to 2-2, 1937, 19
I last saw her alive on 2-1, 1937, 19. Death is said to have occurred on the date stated above, at 6.45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?

Other contributory causes of importance:
Decompensated Heart
High Blood Pressure

Name of operation ..... Date of .....
What test confirmed diagnosis? none 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? no
If so, specify .....
(Signed) R. E. Harland, M. D.
(Address) Ironton, Mo.