

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

Do not use this space.

15106

1. PLACE OF DEATH MAY 15 1937
 County Wickson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4511 Wornall) St. _____ Ward _____

File No. _____
 Registered No. 15106

2. FULL NAME Miss Martha A. Mehornay
 (a) Residence, No. 4511 Wornall St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937 to April 5, 1937
 I last saw her alive on April 5, 1937 Death is said to have occurred on the date stated above, at 2:47 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1945

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 11 20

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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 _____

Other contributory causes of importance:
Heart Secularity

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Felix Mehornay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Kentucky

15. MAIDEN NAME Mary Jane Scoggins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Kentucky

17. INFORMANT Mrs. Robert Mehornay (ADDRESS) 1225 W. 58th

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation - Forest DATE April 7, 1937

19. UNDERTAKER (ADDRESS) Hill Abbey D.W. Newcomer's Sons

20. FILED Apr 6, 1937 M. M. Grouse Registrar.

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) David B. Robinson M. D.
 (Address) 928 Pro. Bldg. KC Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Dave B. Robinson
Prof Bddy
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