SEP 27 1937

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

Do not use this space.

File No. 32135

Registered No.

1. PLACE OF DEATH
County Worth Registration District No. 903
Township Grant Primary Registration District No. 4503
City Grant City (No. , St. Ward)

2. FULL NAME Martha Ann Stabe

(a) Residence, No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 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: 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: Henry Stabe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5, 1857
7. AGE: YEARS 80; MONTHS 3; DAYS 24; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lived with Son
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for 16 years
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): Allendale Mo.

FATHER
13. NAME: Jim Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Mary Crim
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): George Stabe Grant City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fletchall Cem. DATE 7/30, 1937
19. UNDERTAKER (ADDRESS): Roach & Trundle Grant city Mo.
20. FILED 9/6, 1937 Fred Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-27, 1937, to 7-29, 1937
I last saw h on alive on 7-29, 1937. Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-27-37
Other contributory causes of importance: Hypertension	

Name of operation: None. Date of:
What test confirmed diagnosis? Clinical. 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) H. Hadley, M. D.
(Address) Grant City, Mo.

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