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.

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 33273
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Mrs Martha HARRIMAN
(a) Residence, No. County Home for Aged 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1854

7. AGE: YEARS 83 — MONTHS 3 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household duties
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) County Farm Records Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Sept. 14 1937

19. UNDERTAKER (ADDRESS) Mellody-McGilley K.C.Mo.

20. FILED 9/13 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Comm, 19, to, 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3:20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	
Chronic myocarditis	
186a	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Date of injury 8/5/37, 19
Where did injury occur? Jackson Co Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Home Fall fracturing femur
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)