

OCT 18 1937

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

Do not use this space.

33908

1. PLACE OF DEATH

County Cass
Township East Lynn
City East Lynn (No. 4086)

Registration District No. 152
Primary Registration District No. 52-16

File No. 16
Registered No. 16
St. 16 Ward

2. FULL NAME

Martha Viola Ammon

(a) Residence, No. 16 St. 16 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

22. I HEREBY CERTIFY That I attended deceased from Sept 12 1937 to Sept 21 1937
I last saw her alive on Sept 20 1937. Death is said to have occurred on the date stated above, at 11:30 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 9 1856

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 4 12

Anaemic Coma
Hypertension
Chronic Nephritis

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Prairie Ohio

Name of operation 31 Date of 31
What test confirmed diagnosis? Was there an autopsy?

13. NAME X X Smitie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs M. D. Ammon, East Lynn, Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearfork DATE 9/23rd 1937

Manner of injury
Nature of injury

19. UNDERTAKER (ADDRESS) A. D. Hartzler, East Lynn, Mo.

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

20. FILED 10-4 1937 Mrs. Effie Stonestreet Registrar.

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

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