

REC'D MAY 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County CassTownship Hustler

City

(No. _____)

Registration District No. 147Primary Registration District No. 5-210File No. 14528

Registered No. _____

St. Mo.

Ward _____

2. FULL NAME Martha Frances Crotty

(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

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 OFJohn Crotty

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

Nov. 18, 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, _____ hrs.
or _____ min.85418

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)Hustler, Mo.

FATHER

13. NAME

Cornelius Moore14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

MOTHER

15. MAIDEN NAME

Mancy Kerr16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky17. INFORMANT
(ADDRESS)Mrs. Kate McKee
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Burford

DATE

Apr. 10, 193919. UNDERTAKER
(ADDRESS)B. B. Atkinson Bros.
Harrisonville, Mo.

20. FILED

4-9-39Mar. Dna. Adams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19

to _____, 19

I last saw him alive on _____, 19

Death is said

to have occurred on the date stated above, at 10 P. m.

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

Aortic insufficiency
of long standing

Date of onset

Death happened before I arrived

Other contributory causes of importance:

High blood pressure
long standing

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 4-6-39, 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?

If so, specify _____

(Signed) B. B. TontB. B. Tont

_____, M. D.

(Address) Arch. Mo.Arch. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

