

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.

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7201

Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 488
 (b) Township 2 Primary Registration District No. 4295 Registered No. 1
 (c) City Hawkpoint (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Martha Lee Allen St. ☐ (If nonresident, give city or town and State)
Hawkpoint Mo.
 (Usual place of abode, if no street address, write county or city)

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 OR (OR) WIFE OF Charles Perry Allen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1882
 7. AGE YEARS 58 MONTHS 0 DAYS 4 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as 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) Troy (STATE OR COUNTRY) Missouri

13. NAME Thomas Hartley

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

15. MAIDEN NAME Hanna Kirshart

16. BIRTHPLACE (CITY OR TOWN) Hickory County (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs Earl Williams (ADDRESS) Troy Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bannon Cemetery DATE Feb 15 1940

19. FUNERAL DIRECTOR (NAME) W. H. McCoy (ADDRESS) Troy Mo.

20. FILED 2-13-40 1940 W. H. McCoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1940 to Feb 10 1940

I last saw her alive on Feb 10 7:00 P.M. 1940. Death is said to have occurred on the date stated above, at 9:00 P.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: S. J. W.

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 _____, 1940

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) W. H. McCoy 80

(Address) Hawkpoint, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Wayne McLean

Licensed Embalmer No.....

3506

P. O. Address.....

Jray Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.