

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

1. PLACE OF DEATH
 County Jatimer
 Township _____
 or
 Village _____
 City Red Oak

Registration
 Dist. No. 3920

Primary
 Dist. No. 3920

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS
 Oklahoma City, Okla. 66
 Register No. _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.
 (If death occurred in a hospital or institution, give its name instead of street and number)
 How long in U. S., if of foreign birth?

2. FULL NAME Martha Kerk Kendall 625 6-56
 (a) Residence: No. _____ St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, (Widowed or Divorced (write the word)) _____

6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 3-3-1853

7. AGE	Years	Months	Days	IF LESS than 1 day	hrs.	or	min.
<u>81</u>		<u>5</u>	<u>3</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Penn.

13. Name Tom Connelly

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME on Known

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT _____ (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
 Place Red Oak Date 8/10, 1934

19. UNDERTAKER A. J. ... (Address) _____

20. FILED 8-6 1934 J. Hatched Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Aug 6, 1934
 I last saw her alive on Aug 6, 1934 death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:
Paralysis of the Right Side Date of onset About July 28/34

Other contributory causes of importance:
82

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 _____ 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) P. P. Rich M. D.
 (Address) Red Oak Okla