

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

PLACE OF DEATH
County Jackson
Township _____ or Village _____ or City Kansas City (NO. 2407 East 31st St. _____ Ward _____)
Registration District No. 399 File No. 9553
Primary Registration District No. 1002 Registered No. 1051
FULL NAME Mrs. Martha Frances Roseberry (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	<input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED (Mark the word)
DATE OF BIRTH <u>May 22, 1858</u> (Month) (Day) (Year)	MARRIED <u>married</u>	
AGE <u>54</u> yrs. mos. ds.	IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	<u>house wife</u> <u>home - 0</u>	
BIRTHPLACE (City or town, State or foreign country)	<u>Scottsblf. Indiana</u>	
PARENTS	NAME OF FATHER <u>Gideon Johnson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>not known</u>
	MAIDEN NAME OF MOTHER <u>Martha Wilson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>not known</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William T. Roseberry(ADDRESS) 2407 East 31st

FILED **MAR 24 1912** 1912 W.S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23, 1912
Sept 4th (Month) 4th (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 4, 1911, to March 23, 1912, that I last saw her alive on March 23, 1912, and that death occurred, on the date stated above, at 8:52 m.

The CAUSE OF DEATH* was as follows:
Diabetes
59
130

(Duration) 2 yrs. mos. ds.

Contributory Acute nephritis
(SECONDARY) (Duration) 3 yrs. mos. ds.

(Signed) C. B. Hopkins M. D.
Mar 23, 1912 (Address) 2600 East 31st

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mt Washington DATE OF BURIAL 3-24 1912
UNDERTAKER Eyles Bros. ADDRESS 1401 Main St.

