JAN 28 1929

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

Do not use this space.

42167

1. PLACE OF DEATH
County: Randolph
Township: Charlton
City: (No. , St. Ward)
Registration District No. 737
Primary Registration District No. 5972
File No. 101
Registered No.

2. FULL NAME: Martha ann Rook

(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 OF: Dave Rook. (Dec)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): april 15, 1841

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Charlton Co.

PARENTS

10. NAME OF FATHER: Lafon Kettis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Emily Ladd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): New York St

14. INFORMANT: George Rook
(Address): Jacksonville, Mo. R2 D2

15. FILED: dec 13, 1928 O. F. Hatton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1928, to Dec 12, 1928, that I last saw him alive on Dec 12th, 1928, and that death occurred, on the date stated above, at 5-10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
121
6 B A O
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY): Cullvert Goiter
(duration) 40 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. F. Hatton, M. D
, 19 (Address) Huntsville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Charlton Cem. Iowa
DATE OF BURIAL: Dec 15 1928

20. UNDERTAKER: Andrew Minor
ADDRESS: Huntsville Mo

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.

WRITE PLAINLY, WITH UNFADING INK