

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

Do not use this space.

33066

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 729 south 15th street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1227

**2. FULL NAME** Martha A Rohlman

(a) Residence. No. 729 south 15 street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 10 mos. 22 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**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 August Rohlman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 24, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	82	1	28	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. None.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maryville  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edmund G Bickett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Amelia Ray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. B. Moran  
(Address) 729 south 15th. St. Joseph

15. FILED 23 1929 John G. [Signature] REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1929 to Oct 22 1929 that I last saw h. ST alive on Oct 22 1929 and that death occurred, on the date stated above, at 6/25 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy (hemorrhage cerebral) paralysis right side of body.

82 A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
arterio sclerosis (SECONDARY) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED St Joseph MO  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Physical ex amputation  
(Signed) J. Thompson M. D.

Oct. 23, 1929 (Address) 825 Charles St Joseph 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 St. Louis Missouri.- DATE OF BURIAL Oct. 24 1929

20. UNDERTAKER H.C. Sidenfaden ADDRESS 1802 Union St.

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.

