

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

Do not use this space.
10531

1. PLACE OF DEATH

54 County Lafayette Registration District No. 464
 Township Washington Primary Registration District No. 5626
 7 City Raymond (No.) St. Ward

1.2. FULL NAME Rosine Justina Walte

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 9
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Lafayette Mo
 (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER Frank Wm Walte
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany 10
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Marion Felman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Marion Felman
 (Address) Raymond

15. FILED April 8, 1931 W. A. Atwood
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 - 1931
 17. I HEREBY CERTIFY, That I attended deceased from Mar 5
to Mar 6, 1931
 that I last saw her alive on Mar 6, 1931 and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Intro cerebral hemorrhage
82A
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) [Signature]
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 0 DID AN OPERATION PRECEDE DEATH? No DATE OF ①
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) Justell Willis M. D.
 , 19 Mar 6 (Address) Raymond, 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 Evangelical Cemetery DATE OF BURIAL 2/9 1931

20. UNDERTAKER Atwood & Weygmann ADDRESS Raymond 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. APR 23 1931

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

