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

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

Do not use this space.

35339

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township Dillon — Primary Registration District No. 5902 — Registered No.
City (No. , St. Ward)

2. FULL NAME Rosine Leonie Martin
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Martin Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1848
7. AGE YEARS 83 MONTHS DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
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. Housewife
10. Date deceased last worked at this occupation (month and year) Oct 1931
11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

FATHER
13. NAME Oliver Vallom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Ipolita Vallom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Martin Martin Rolla Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat Grove DATE Oct 26 1931
19. UNDERTAKER (ADDRESS) H R McCaw Rolla Mo
20. FILED Oct. 26, 1931 Henry F. Wolters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1931
22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1931 to Oct 24, 1931
I last saw her alive on Oct 14, 1931. Death is said to have occurred on the date stated above, at 5:40 p m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage — Date of onset
82A
82A
Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

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? no
If so, specify
(Signed) S L Mitchell, M. D.
(Address) Rolla Mo