

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

Do not use this space.

1433

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Jackson Primary Registration District No. 35630
 City Diamond - Route 1 St. _____ Ward _____

2. FULL NAME

Martha Vroman
 (a) Residence, No. _____ St. _____ Ward _____
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1845</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>2</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	10. Date deceased last worked at this occupation (month and year) _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>11</u>	11. Total time (years) spent in this occupation <u>16</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>	
FATHER	13. NAME <u>Unknown</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31 Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
	17. INFORMANT <u>M. E. Vroman</u> (ADDRESS) <u>Diamond, Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fidelity Mausoleum</u> DATE <u>Jan. 20, 1932</u>		
19. UNDERTAKER <u>W. E. Mottley</u> (ADDRESS) <u>Carthage, Missouri</u>		
20. FILED <u>1-20</u> 19 <u>32</u> <u>E. H. Ketchum</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov. 14, 1931, to Jan. 18, 1932
 I last saw her alive on Jan. 15, 1932. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
60 Chronic Bronchitis
1.5 Hypostatic Pneumonia Jan 4, 32
 Other contributory causes of importance: 106 B

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 219

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? _____
 If so, specify _____
 (Signed) P. A. Webster, M. D.
 (Address) Carthage, Mo

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.

24 1932

