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 28 1934

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

Do not use this space.

9355

1. PLACE OF DEATH

71 County Morgan — Registration District No. 598 — File No.

4 Township Morgan — Primary Registration District No. 4355 — Registered No. 18

2 City Versailles (No. ..... St. ..... Ward)

2. FULL NAME Rosa Jane 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 F. M — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. ~~IF MARRIED, WIDOWED, OR~~ DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF C. H. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1866 ~~March 30-1932~~

7. AGE — YEARS 65 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. 1

FATHER

13. NAME Chas. K. Roe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

MOTHER

15. MAIDEN NAME Nancy Marriott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 31

17. INFORMANT (ADDRESS) Mrs. Leo Holst Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holst Cem. DATE ~~Mar~~ Apr 1, 1932

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo.

20. FILED 3-31, 1932 A. N. Lutman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Oct 25~~ Mch 30-1932 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932 to March 26, 1932

I last saw her alive on 3-26, 1932 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

Cebreal Hemorrhage — Date of onset

82A 82A

Other contributory causes of importance:

2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Bertha B. Lininger, M. D.

(Address) Versailles, Mo.