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.

JAN 8 1934

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

Do not use this space.

13 1 3

1. PLACE OF DEATH
County Caldwell,
Township Davis,
City Braymer, (No. ..., ... St. ..... Ward)

Registration District No. 93
Primary Registration District No. 4055

File No. 35827
Registered No. 37

2. FULL NAME Mary E. Rosenbaum,

(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. 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. [redacted] WIDOWED, [redacted] (write the word) Widowed,

5A. IF [redacted] WIDOWED, [redacted] (OR) WIFE OF Peter Rosenbaum,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-12th.,-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired,
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) Kentucky,

FATHER

13. NAME James F. Morris,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

MOTHER

15. MAIDEN NAME Emalene Gill,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) Mrs. W. J. McNew Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cemetery, DATE Nov. 23-1933, 19

19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.

20. FILED Nov. 23, 1933 H. H. Patterson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Nov 21st, 1933
I last saw her alive on Nov 21st, 1933 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	11/21/33
131	
92A	
82A	

Other contributory causes of importance:
Mitral Insufficiency
Chr. Interstitial Nephritis } 3 years
to my knowledge

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) C. L. Woolsey, M.D.
(Address) Braymer Mo.