

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

Do not use this space.

40079

1. PLACE OF DEATH

County Jackson
Township New
City Hanna City (No. 50070-39)

Registration District No. 300
Primary Registration District No. 1062

File No. _____
Registered No. 4884
St. _____ Ward _____

2. FULL NAME

Mrs. Martha J. Rose
(a) Residence, No. Platte City, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>9</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife

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

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) New Market Mo.

13. NAME John Maget

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

15. MAIDEN NAME Eliza Downing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT (ADDRESS) JAMES H. ROSE
Platte City, Mo. R.R. 201

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE DECEMBER 13 1933

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS
2111 - EAST - 9th ST.

20. FILED Dec 13 1933 M. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Dec 11, 1933
I last saw him alive on Dec 11, 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:

Scarciness of food Jan 19 33
W.P. 4/6
Other contributory causes of importance _____
Date of onset _____

Name of operation Nil Date of _____
What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Nil Date of injury _____, 1933

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) M. M. Grove, M. D.
(Address) Martha Rose of 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.

JAN 26 1934

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