

MAR 24 1934

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

Do not use this space.

12. 5169

1. PLACE OF DEATH

County Jackson
Township Wanda
City K.C. Mo. (No. 1852 Benton Blvd.)

Registration District No. 99
Primary Registration District No. 22

File No. _____
Registered No. 895 St. _____ Ward _____

2. FULL NAME

Rosa Ella Martin

(a) Residence, No. 1852 Benton Blvd. 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 16

8. Trade, profession, or particular kind of work done, as spinner, 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) Texas

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. J. H. McKinzie
1852 Benton, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2/23/34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Feriter
918 Broadway, K.C. Mo.

20. FILED 2-23 1934 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23/34

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. 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:
Cerebral hemorrhage Date of onset _____
Right hemiplegia

Other contributory causes of importance:
82
82D

Name of operation _____ Date of _____
What test confirmed diagnosis Aspiration Were 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) [Signature] M.D.
(Address) [Signature]

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.

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