

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.

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

Do not use this space.

MAY 15 1936

13897

1. PLACE OF DEATH

County Adair County
 Registration District No. 4
 Town Grim-Smith Hospital & Clinic
 Primary Registration District No. 3001
 City Kirkville, Missouri (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 80

2. FULL NAME Rozalma Stephenson Leffler

(a) Residence, No. _____ St. Marcelino, Mo. Ward Marcelino, Mo.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Leffler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1865</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>9</u>	DAYS <u>5</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>
	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) Keytesville,
 (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME Grandison Crotrill
 14. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY)

MOTHER FATHER
 15. MAIDEN NAME Mariah Martin
 16. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY)

17. INFORMANT Mrs. J. W. Phody (daughter)
 (ADDRESS) Marcelino

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marcelino, Mo. DATE April 9, 1936

19. UNDERTAKER James McLaughlin
 (ADDRESS) Marcelino, Mo.

20. FILED April 7, 1936 Spencer Freeman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to April 7, 1936
 I last saw her alive on April 7, 1936. Death is said to have occurred on the date stated above, at 10:55 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum about Nov 1936 Date of onset

Other contributory causes of importance:
Coronary Embolus 4-7-36

Name of operation Ileocolostomy Date of 3-23-36
 What test confirmed diagnosis? _____ Was there an autopsy? No.

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? No.
 If so, specify _____
 (Signed) George E. Ginn, M. D.
 (Address) Ficksville, Missouri

