MAR 16 1936

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

Do not use this space.

File No. 4586

Registered No.

1. PLACE OF DEATH
County Buchanan Registration District No. 80
Township Agency Primary Registration District No. 5717
City (No. , St. Ward)

2. FULL NAME Mary Jeanette Rose
(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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1853

7. AGE: Years 72 | Months 7 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) New York

FATHER
13. NAME Mr Henry Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Mary Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Grace Rose
(ADDRESS) Agency Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chanute, Kansas DATE Feb. 6, 1936

19. UNDERTAKER H. A. Sullivan
(ADDRESS) Bower, Mo.

20. FILED Feb. 4, 1936 Mrs. Lucy Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....19..., to Feb 3, 1936
I last saw alive on Expired prior to my visit 2-3, 1936. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Had suffered a cerebral hemorrhage about one year ago.	

Other contributory causes of importance

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? No
If so, specify
(Signed) Maxwell Day, M. D.
(Address) 1710 Jules, St. Joseph.

V. S. No. 2
100M-11-24-33

...ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.