

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

PLACE OF DEATH
County Sullivan
Township Polk
or
Village
or
City Milan (NO. _____ St. _____ Ward _____)

Registration District No. 882 File No. 3881
Primary Registration District No. 4518 Registered No. 151

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME John Roseberry

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(If wife the word)

DATE OF BIRTH June 27, 1844
(Month) (Day) (Year)

AGE 68 yrs 6 mos 13 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Ex Soldier Civ War

(b) General nature of industry, business, or establishment in which employed (or employer) 3-13 82 99

BIRTHPLACE (City or town, State or foreign country) Dearborn Co Ind

PARENTS
NAME OF FATHER James Roseberry
BIRTHPLACE OF FATHER (City or town, State or foreign country) State of Pennsylvania
MAIDEN NAME OF MOTHER Ann Roberts
BIRTHPLACE OF MOTHER (City or town, State or foreign country) State of Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John E Cochran
(ADDRESS) Milan Mo

Filed Jan 21, 1913 J. Kessinger
REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 7, 1913, to Jan. 10, 1913, that I last saw him alive on Jan. 10, 1913, and that death occurred, on the date stated above, at 11:25 a.m.

The CAUSE OF DEATH* was as follows:

A Cerebral Hemorrhage
(Duration) ___ yrs. ___ mos. 2 ds.

Contributory (SECONDARY) 8
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. S. Montanary M. D.
Jan 10, 1913 (Address) Milank Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Milan Mo DATE OF BURIAL Jan 12, 1913
Oak Wood Cem Milan
UNDERTAKER C. Schaere ADDRESS Milan Mo

of-Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Sullivan
Township _____
Village _____
City Milan

Registration District No. 852 File No. _____
Primary Registration District No. 4518 Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John Roseberry

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED widowed WIDOWED OR DIVORCED
(Write the word)
DATE OF BIRTH June 27, 1844
(Month) (Day) (Year)
AGE 68 yrs. 6 mos. 13 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Ex Soldier
(b) General nature of industry, business, or establishment in which employed (or employer) civil war

BIRTHPLACE
(City or town, State or foreign country) Clearborn Co. Ind.

PARENTS
NAME OF FATHER James Roseberry
BIRTHPLACE OF FATHER (City or town, State or foreign country) Pa.
MAIDEN NAME OF MOTHER Asp Roberts
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John E. Cochran
(ADDRESS) Milan, Mo.

Filed Jan 21, 1913 J. C. Kessinger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10, 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Jan 7, 1913, to Jan. 10, 1913, that I last saw him alive on Jan. 10, 1913, and that death occurred, on the date stated above, at 11.35 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage probably due to athero-sclerotic blood vessels.

(Duration) ___ yrs. ___ mos. 2 ds.
Contributory (SECONDARY) Arterio-sclerosis
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. S. Montgomery M. D.
Jan. 10, 1913 (Address) Milan, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Oak Wood Cem. DATE OF BURIAL Jan. 12, 1913
UNDERTAKER C. H. Schoene ADDRESS Milan

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asihenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

1885