LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

Dr Brainard

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

1 PLACE OF DEATH

County Monroe

Township Woodlawn Registration District No. 587 File No. 9383

or

Village ~~Duncans Bridge~~ Primary Registration District No. 1585 Registered No. 6

or

City ..... (NO. ..... St.; ..... Ward)

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

2 FULL NAME Juriah Hoffman Rogland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH Jan 14, 1836 (Month) (Day) (Year)

7 AGE 82 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry business, or establishment in which employed (or employer) —

9 BIRTHPLACE (City or town, State or foreign country) K. Y.

PARENTS

10 NAME OF FATHER Martin Grove

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pen.

12 MAIDEN NAME OF MOTHER Polly Bryan

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) North Carlina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph N. Groves

(Address) Mobely

15 Filed March 5, 1918 Ford Wedding Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mch 1, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 12, 1917, to March 1, 1918, that I last saw her alive on March 1, 1918, and that death occurred, on the date stated above, at 5 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

162

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Brainard M. D.

Mch 5, 1918 (Address) Duncans Bridge

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

18 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 .....

19 PLACE OF BURIAL OR REMOVAL Duncans Bridge DATE OF BURIAL Mar 2, 1918

20 UNDERTAKER E E Hopper ADDRESS Clarence

Exact statement of OCCUPA...

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County .....

Township..... Registration District No..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City..... (NO....., ...St.;.....Ward)

[If death
hospital or
give its N
of street a

2 **FULL NAME**.....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH

..... 1.....
(Month) (Day) (Year)

7 AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work.....

(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address).....

15

Filed....., 191....., ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

.....
(Month) (Day)

17 I HEREBY CERTIFY, that I attended dec

....., 191....., to.....

that I last saw h.....alive on.....

and that death occurred, on the date stated above, at...

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....m

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Viole
(1) Means of Injury; and (2) whether Accidental, Suicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institution or Recent Residents)

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

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL	DATE OF

20 UNDERTAKER	ADDRESS