

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

Do not use this space.

30014

1. PLACE OF DEATH

County Franklin

Registration District No. 297

File No.

Township

Primary Registration District No. 2016

Registered No. 69

City Warburgton (No.)

St. Ward)

2. FULL NAME

Emelia Roehrig

(a) Residence, No. 408 Locust St., Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. - mos. - ds. How long in U.S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

David Roehrig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5, 1852

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>11</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Solinger

(STATE OR COUNTRY) Germany

10. NAME OF FATHER P. D. Heafath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Solinger

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Emelia Knecht

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Solinger

(STATE OR COUNTRY) Germany

14. INFORMANT Emelia Roehrig

(Address)

15. DATE Oct 15 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13 - 1927

17.

I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1927, to Oct. 13, 1927, that I last saw her alive on Oct. 13, 1927, and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic bronchitis

106 B
99 B
(duration) 10 yrs. - mos. - ds.

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

Did an operation precede death? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Amay, M. D.

Oct. 14, 1927 (Address) Washington, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cemetery

DATE OF BURIAL Oct. 16 1927

20. UNDERTAKER Otto & Co Washington Mo.

ADDRESS

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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

1827

