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

Do not use this space.

9451

PR 5 1928

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411 — File No.:
Township: Joplin — Primary Registration District No.: 2007 — Registered No.: 111
City: Joplin (No. St. Ward)

2. FULL NAME: Mrs Rosina A Harvey
(a) Residence. No. 1 Pearl Place Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: N. B. Harvey
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 26 1870
7. AGE: Years 57 Months 9 Days 8 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house-wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Chase Co.
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: O. P. Wegner
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Minnie Fall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs F. M. Lee
(Address) 2921 Va Ave

15. FILED 3/5, 19 28 Dr Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 5 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1928, to Mch 5, 1928 that I last saw h. alive on March 4, 1928, and that death occurred, on the date stated above, at 3 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis (Lethargic)
17 20
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY): 5
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH?:
DID AN OPERATION PRECEDE DEATH? 0 DATE OF 0
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) Ralph L. Huff, M. D.
3/6, 1928 (Address) Joplin 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: Forest Park — DATE OF BURIAL: 3-7 1928
20. UNDERTAKER: Herzlhuttenlocher Co — ADDRESS: Joplin Mo

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.