JUL 25 1928

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

Do not use this space.

21098

1. PLACE OF DEATH
County Lafayette — Registration District No. 457 — File No.
Township Freedom — Primary Registration District No. 5621 B — Registered No. 16
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Rosa Charlotte Maring
(a) Residence. No. ..... St., ... 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: 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 Julius Maring

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-10-1872

7. AGE: Years 56 — Months — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

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) Concordia
(STATE OR COUNTRY) Lafayette Co. Mo.

PARENTS
10. NAME OF FATHER Wm H. Bruns
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lafayette
(STATE OR COUNTRY) County Mo
12. MAIDEN NAME OF MOTHER Sophia Rhodekohr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lafayette
(STATE OR COUNTRY) Co. Mo.

14. INFORMANT Julius Maring
(Address) Anllville Mo

15. FILED 6-28, 1928 Ferdinand Shryman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-27 1928

17. I HEREBY CERTIFY That I attended deceased from June 26, 1928, to June 27, 1928, that I last saw her alive on June 27, 1928, and that death occurred, on the date stated above, at 6.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pleurisy with effusion (left chest) following influenza
(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 11B
(duration) ..... yrs. ..... mos. ..... ds.

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? Fluid in chest

(Signed) V. Keppenting, M. D
6/28, 1928 (Address) Higginsville 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 Paul Luthern Cemetery — DATE OF BURIAL: June-29 1928

20. UNDERTAKER: N. F. Duensing — ADDRESS: Concordia Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.