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

Do not use this space.

22528

File No. 6736

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1093

City ..... (No. Mo. Pac. Hospt. St. ..... Ward)

2. FULL NAME Lavinia Medaris Roudebush

(a) Residence. No. 3913 Russell Blvd. Ward. 17

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Claude C Roudebush

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1 - 1851

7. AGE: Years 77 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Railroad Conductor

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

(c) Name of employer: Mo. Pac.

9. BIRTHPLACE (CITY OR TOWN): Owensville

(STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Jas. Roudebush

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Owensville

(STATE OR COUNTRY): Ohio

12. MAIDEN NAME OF MOTHER: Medaris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Owensville

(STATE OR COUNTRY): Ohio

14. INFORMANT: Lloyd F. Roudebush

(Address) 3913 Russell

15. FILED ..... 19..... Mary E Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to June 26, 1928, that I last saw him alive on June 26, 1928, and that death occurred, on the date stated above, at 11.05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

Chronic Nephritis

121 days (duration) 8 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

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? Physical Signs Laboratory Tests

(Signed) C. Clifford C. Hague, M. D

, 19 (Address) 1755 S. Grand

*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: Valhalla Cemetery — DATE OF BURIAL: June 28 19 28

20. UNDERTAKER: H. L. Schmitt — ADDRESS 3931 Russell Blvd

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.