26 1928

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

Do not use this space.

35927

**1. PLACE OF DEATH**

County: Jasper — Registration District No. 408

Township: — Primary Registration District No. 3020

City: Carthage (No. ..., ... St., ... Ward)

File No.

Registered No.

**2. FULL NAME** Henry Rose

(a) Residence. No. 1122 Garrison St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Henry Rose.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 - 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 7 | 22 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lorraine
(STATE OR COUNTRY) France

PARENTS

10. NAME OF FATHER Hermann Rose

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Henrietta

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France
(STATE OR COUNTRY)

14. INFORMANT Mrs. Henry Rose
(Address) Carthage, Mo.

15. FILED 10/9, 1928. C M Ketchum
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Oct 8, 1928, that I last saw h... alive Oct 8, 1928, and that death occurred, on the date stated above, at 2:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Or who traveled from out of town not available to sign certificate. He was dead when I arrived. Chr. myocarditis
arteriosclerosis. Aft. dis. ... (duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (SECONDARY) C. M. Ketchum
(Hospital record) (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED 1924
IF NOT AT PLACE OF DEATH?

D. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

10/9, 1928 (Signed) C M Ketchum, M. D.
(Address) Carthage, 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 | DATE OF BURIAL |
|---|---|
| Park Cemetery | Oct. 11th 1928. |
| **20. UNDERTAKER** | **ADDRESS** |
| Knell Mortuary | Carthage |