

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

Do not use this space.

36563

1. PLACE OF DEATH

County Washington Registration District No. 297
 Township Washington Primary Registration District No. 3016
 City Washington, Mo St. _____ Ward _____

File No. _____
 Registered No. 89
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Maize St. St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 | 5 | 21 | _____

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) Zollinger
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER John H. Roehrig

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

12. MAIDEN NAME OF MOTHER Emily Ann

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

14. INFORMANT J. A. Guatel
 (Address) Melrose Mo.

15. FILED Nov 10 1928 O. L. Manner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 - 1928, to Nov 8 - 1928 that I last saw her alive on Nov 8 - 1928, and that death occurred, on the date stated above, at 4:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic bronchitis
 (duration) 15 yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Emphysema of lungs
 (duration) unknown yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED At home

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. May, M. D.
 Nov. 10, 1928 (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 Church DATE OF BURIAL 11/11 1928

20. UNDERTAKER Nieburg & Witt, 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.

