

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

Do not use this space.

1213

1. PLACE OF DEATH

County Wendy
Towaship.....
City Clinton, Mo (No.....)

Registration District No. 330
Primary Registration District No. 3017

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Henry Thomas Rossion
(a) Residence. No..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Clinton, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Rossion

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

12. MAIDEN NAME OF MOTHER Grace Barton

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

14. INFORMANT Thomas Rossion
(Address) Clinton, Mo

15. FILED Jan 9 1929 E. A. Huddy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929

17. HEREBY CERTIFY, That I attended deceased from Not at all 1929 to never 1929, and that I last saw h. alive on never 1929, and that death occurred, on the date stated above, at 12:55 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown: Child died unattended having been sick but an hour or two & died before seen by a physician.
2.00 B (duration) yrs. mos. ds.

CONTRIBUTORY None Known (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 20513
IF NOT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? Viewing of remains by coroner

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Obert Reeks Coroner, M. D.
1-11, 1929 (Address) Clinton 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 Maple Grove DATE OF BURIAL Jan 9 1929

20. UNDERTAKER L. R. Duke ADDRESS Clinton, 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.

WHILE WITH CHARGING IN THIS IS A PERMANENT RECORD

