

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

Do not use this space.

30140

PLACE OF DEATH

County Buchanan Registration District No. 1001
 Township _____ Primary Registration District No. _____
 City St. Joseph, (No. 1319 No. 3rd. St.)

File No. _____
 Registered No. 1090
 St. _____ Ward _____

2. FULL NAME Rosina Eulich
 (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 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 16, 1929 19

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

17. I HEREBY CERTIFY, That I attended deceased from 9-15, 1929, to 9-16, 1929, that I last saw h... BF alive on 9-16, 1929, and that death occurred, on the date stated above, at 11.30 P.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24, 1844

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 5 22

Cerebral Hemorrhage
92 B.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Unknown (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

18. WHERE WAS DISEASE CONTRACTED (duration) _____ yrs. mos. ds.

10. NAME OF FATHER John Liechti

IF NOT AT PLACE OF DEATH _____

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

12. MAIDEN NAME OF MOTHER Unknown

9 WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS Gen. Symp.
 (Signed) Donald B. Rimmick M. D.

14. INFORMANT Mrs. Rose Wild
 (Address) 1319 No. 3rd St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery DATE OF BURIAL Sept. 19, 1929

15. FILED 19 1929
John G. Wild REGISTRAR

20. UNDERTAKER Walter Hainchoff ADDRESS 1302 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. Age should be stated exactly. Birthplace should be stated exactly.

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