

OCT 31 1930

16991-a

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

Do not use this space.
16991-a
File No. _____
Registered No. 65
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 677
Township Raela Primary Registration District No. 4493
City Raela (In _____) St. _____ Ward _____

2. FULL NAME

Mrs Jessie E. Rasey

(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

4 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1920 to May 2 1930, and that I last saw her alive on May 2 1930, and that death occurred, on the date stated above, at 5 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7 1859

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 1 3 24

Bangrene of toes on left foot following an accidental injury
(duration) 3 yrs. 3 mos. 3 ds.

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) Astria Sclerosis
(duration) 10 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

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

10. NAME OF FATHER Alfred Croucher

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. W. Honora, M. D.
May 3 1930 (Address) Rolla Mo.

12. MAIDEN NAME OF MOTHER Rebecca Prather

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

14. INFORMANT Fred Rasey
(Address) Raela Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Raela Cemetery DATE OF BURIAL 5/4 1930

15. FILED Oct 31 1930 Geo. F. Myers REGISTRAR

20. UNDERTAKER A. McCann ADDRESS Raela

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Shelby Registration District No. 677 File No. _____
 Township _____ Primary Registration District No. 7403 Registered No. _____
 City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME Jessie E. Roney
 (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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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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) _____ (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated, _____, 19____.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fracture of toes on left foot following accidental injury
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY stepped on needle and
 (SECONDARY) senility
 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.
 _____, 19____ (Address) _____

14. INFORMANT _____ (Address) _____

15. FILED Nov 18 1930 Geo. F. Roney REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Every item of information furnished hereon should be properly classified. Exact statement of occurrence is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

