

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

Do not use this space.
21656
~~21506~~

1. PLACE OF DEATH

County Scott
Township Moreland
City (No.)

Registration District No. 959
Primary Registration District No. 6063a

File No.
Registered No. 2
St. Ward

2. FULL NAME

Rosal Kentel
(a) Residence. No. Chaffee Mo. R.F.D. St.
(Usual place of abode)

Ward.
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-14-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 0 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Scott Co. Mo

10. NAME OF FATHER Orrnes Bauman

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

12. MAIDEN NAME OF MOTHER Kuhn

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

14. INFORMANT Bernerd Kentel
(Address) Chaffee Mo R.F.D

15. FILED 6-9 30 Cybil Disubogu
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9th 1930
17. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1930, to June 8, 1930
that I last saw h. w alive on June 8th, 1930, and that death occurred, on the date stated above, 7:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Elephantiasis (Lymphodoma)

153A
36 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septicemia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 154A
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Uriel P Haw M. D.
, 19 (Address) Benton, 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. New Hamburg Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mike Webber DATE OF BURIAL 6-10 1930

20. UNDERTAKER Mike Webber ADDRESS Kels. 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.

