DEC 2 1930 DEC 22 1930

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

Do not use this space.

36861

1. PLACE OF DEATH
County Monroe
Township Monroe
City Monroe City (No. ..... St. ..... Ward)

Registration District No. 581
Primary Registration District No. 4343

File No. .....
Registered No. 24

2. FULL NAME John Romahn
(a) Residence. No. ..... St., ... Ward. Brookfield Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Romahn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20th 1890.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	1	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer C. B. & Q. R. R. Co

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

PARENTS
10. NAME OF FATHER John Romahn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Kathrine Lukin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Clyde D. Cassidy
(Address) Brookfield, Mo.

15. FILED 11/20, 1930 O. W. Wilson REGISTRAR
Deputy.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 19th 1930, to Nov 19th 1930 that I last saw h— after death Nov 19th 1930 and that death occurred, on the date stated above, at 9:32 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental - Ran over and body severed in twain by moving train - Instant (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? Inquest by Carmen Jury -
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Pickens, Treas Reg.
11/20, 1930 (Address) Monroe City, 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	DATE OF BURIAL
Brookfield Mo.	11-20 1930

20. UNDERTAKER	ADDRESS
Wilson & Son. Monroe City 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.