

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

Do not use this space.

39030

1. PLACE OF DEATH

County Frazer

Registration District No. 297

Township Washington

Primary Registration District No. 2016

City Washington (No. _____)

File No. _____
Registered No. 123
St. _____ Ward _____

2. FULL NAME

Leo Herman Rohlfing

(a) Residence, No. 335 Rand St., _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Carrie Rohlfing</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 26, 1886</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>47</u> | <u>6</u> |
| | | DAY |
| | | <u>28</u> |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____ | | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>Berger, Mo.</u> (STATE OR COUNTRY) | | |
| 10. NAME OF FATHER <u>Hon Rohlfing</u> | | |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u> | | |
| 12. MAIDEN NAME OF MOTHER <u>Caroline Rohlfing</u> | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Senate Grove, Mo</u> | | |
| 14. INFORMANT <u>Mrs. Carrie Rohlfing</u> (Address) <u>Washington, Mo.</u> | | |
| 15. <u>Dec 27, 1930</u> <u>O. L. Munch</u> REGISTRAR | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24 1930

17. Dec 29 1930, to Dec. 24, 1930
I HEREBY CERTIFY, That I attended deceased from _____
that I last saw him alive on Dec. 23, 1930, and that death occurred, on the date stated above, at 2:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis (degenerative)
930

(duration) _____ yrs. 1 mos. 27 ds.
CONTRIBUTORY unknown
(SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
908
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Bernard Kopf M. D.
12/26, 1930 (Address) Washington 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 Senate Grove Ceme. DATE OF BURIAL 12-27-30
near New Avenue, Mo

20. UNDERTAKER Neuburg & Vitt, Washington, Mo
ADDRESS _____

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.

MAY 19 1931

