

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

MAR 23 1931

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

Do not use this space.

4650

1. PLACE OF DEATH
 County... Buchanan... Registration District No. 85
 Township... Primary Registration District No. 1001
 City... St. Joseph (No. St. Joseph Hospital) St. Ward

2. FULL NAME Richard A Roseler
 (a) Residence. No. 1921 Main Street St. Ward.
 (Usual place of abode)
 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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 10, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 0 1 3

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER L.A. Roseler
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Mildred Bradley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

14. INFORMANT L.A. Roseler
 (Address) 1921 Main St. - St. Joseph Mo.

15. FILED FEB 14 1931
 19 John R. Bender REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 13 19 31

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 13, 1931, that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 4/10 P. m.

CONTRIBUTORY CAUSE OF DEATH* WAS AS FOLLOWS:
 Acute Intestinal Indigestion
 119P
 62B (duration) yrs. mos. 14 ds.
 Cause Acidosis.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) W. Rager Moore, M. D.
 Feb. 14, 1931 (Address) St. Joseph, 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 Mt. Olivet Cemetery DATE OF BURIAL Feb. 14 19 31

20. UNDERTAKER H.C. Siderorden ADDRESS 1802 Union St.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Douglas
Township St. Joseph
City St. Joseph (No.)

Registration District No. 85-
Primary Registration District No. 1001

File No.
Registered No. 171
St. Ward)

2. FULL NAME

Richard A. Poseler
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (For the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/13 19 31

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

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 above at..... m.

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

Acute intestinal indigestion

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

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CONTRIBUTORY (SECONDARY) acidosis
non Diabetic (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

17. WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed)....., M. D.

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

, 19 (Address)

14. INFORMANT (Address)

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

15. FILED 4-10-31 John R. Bender REGISTRAR

20. UNDERTAKER ADDRESS

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

N. B.—Every item of information 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.

SUPPLEMENTARY

S-4650