

MAR 27 1931

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

Do not use this space.

6831

1. PLACE OF DEATH

County Ste Genevieve Registration District No. 780  
Township Ste Genevieve Primary Registration District No. 6025  
City (No. ) St. Ward

2. FULL NAME Charles Henry Roth

(a) Residence, No. St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 / 1870  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagoner  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —  
10. Date deceased last worked at this occupation (month and year) Jan 1931 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Missouri

13. NAME Ignatius Roth

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

15. MAIDEN NAME Margdalena Hurst

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

17. INFORMANT Mrs Charles Roth (ADDRESS) Ste Genevieve MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste Genevieve DATE Feb 15th 1931

19. UNDERTAKER Wagoner Stanton (ADDRESS) Ste Genevieve MO

20. FILED Feb 14 1931 T.W. Douglas Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1931 to Feb. 13 1931  
I last saw him alive on Feb 12 1931. Death is said to have occurred on the date stated above, at 7:15A m.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 2/8/31

Other contributory causes of importance:  
Empysemia 2/8/31

Name of operation Thorotomy Date of 2/12/31  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) Rb. Lansing, M. D.

(Address) Ste. Genevieve MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

