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

Do not use this space.

Dr. Bedford

File No. 61 9239

Registered No.

1. PLACE OF DEATH
County Cole
Township
City Jefferson City (No. , St. Ward)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME Pauline Rolfes
(a) Residence. No. 210 N. Elm 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.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	N.	S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 - 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22	8	6	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

PARENTS
10. NAME OF FATHER Ben Rolfes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.
12. MAIDEN NAME OF MOTHER Helene Dulle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) J. C. Mo.

14. INFORMANT Mr. Ben Rolfes
(Address) Jefferson City, Mo.

15. FILED 4-9-1931 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 - 1931

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tumor of Brain
Kind unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 5415
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Bedford, M. D.
, 19 (Address) J. C. 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
St. Peters, J. C. Mo.	3-9-1931
20. UNDERTAKER	ADDRESS
Chas. P. Hannick	J. C. 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.

...UNFADING INK—THIS IS A PERMANENT RECORD