

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

Do not use this space.

33974

290

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City

(No. 1103)

Moreau Drive

St.

Ward)

2. FULL NAME William Fredric Roesen

(a) Residence, No. 1103 Moreau Drive 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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Pearl Roesen

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

April 10, 1859

7. AGE

72

YEARS

MONTHS

6

DAYS

20

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired.

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)

11. Total time (years) spent in this occupation

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

Jefferson City, Mo.

FATHER MOTHER

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. Pearl Roesen
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Riverview Cem. DATE Nov. 1, 1931

19. UNDERTAKER (ADDRESS)

Heinrichs Funeral Service
Jefferson City, Mo.

20. FILED

11-9-31

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1931 to Oct. 30, 1931

I last saw him live on Oct. 30, 1931 Death is said to have occurred on the date stated above, at AP m.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia (Bronchi Pneumonia) Chronic pleuritic nephritis.

Other contributory causes of importance

131 Dry pertussis

Name of operation _____ Date of _____

What test confirmed diagnosis? Cultural 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) Jas. A. Hill

(Address) Jefferson City, 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.

NOV 28 1931

