

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

Do not use this space.

**35508**

1. PLACE OF DEATH  
 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 City Near Farmington (No. ....) St. .... Ward (No. ....)

2. FULL NAME Rose Lenerich  
 (a) Residence. No. Robertsville, Mo. 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.

File No. ....  
 Registered No. 135-  
 St. .... Ward (No. ....)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
58 ? ?

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

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

10. NAME OF FATHER Wm. Lenerich  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) .....

14. INFORMANT Hospital Records  
 (Address) State Hosp. #4, Farmington, Mo.

15. FILED 10/10/31 W. J. Robinson  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7 1931  
 17. I HEREBY CERTIFY, That I attended deceased from July 27, 1928 to Oct 7, 1931  
 that I last saw him alive on Oct. 7, 1931, and that death occurred, on the date stated above, at 4:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diarrhea & Enteritis -  
Cause unknown.  
120B  
84 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 120B  
 IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) Ralf Hanks, M. D.

10-9-1931 (Address) Farmington, Mo.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hospital + Cemetery DATE OF BURIAL Oct 10 1931

20. UNDERTAKER State Hosp. No. 4. ADDRESS Farmington,

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

