

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

Do not use this space.

5165

File No. _____
Registered No. 134
St. _____ Ward _____

1. PLACE OF DEATH
49 County Jasper
Township Jasper
City Opolis (No. _____)

Registration District No. 418
Primary Registration District No. 5572
R. R. # 1

2. FULL NAME Rosina M. Oertle
(a) Residence No. R. R. # 1 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Michael
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bavaria
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Rosina Fahler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saxony
(STATE OR COUNTRY) Germany

14. INFORMANT John Oertle
(Address) R. R. # 1, Opolis, Kansas

15. FILED 2-10, 1932 M. Oertle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-8, 1932 to 2-8, 1932 that I last saw him alive on 2-8, 1932 and that death occurred, on the date stated above, at 9:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
72A (duration) yrs. mos. / ds.
CONTRIBUTORY (SECONDARY) J. J. W. (duration) yrs. mos. / ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. A. McHenry M. D.

2.10.1932 (Address) Washburn, 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 Crocker Cem DATE OF BURIAL 2-10 1932

20. UNDERTAKER Allen Yancey ADDRESS Pittsburg
mo dis # 3452

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. MAR 28 1932

