

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

Do not use this space.

5950

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
Township Moreauc Primary Registration District No. 6032
City..... (No.....) St..... Ward.....

File No.....

Registered No. 19

2. FULL NAME

Wm J. Romine
(a) Residence. No. Chesterfield Mo. St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Melissa J. Romine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-10-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 9

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

9. BIRTHPLACE (CITY OR TOWN) Crawford Co - Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Berry J. Romine

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Beetley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Walter Romine
(Address) Chesterfield, Mo

15. FILED 2/8 1932 W. B. Barnett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-7-1932

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... 2:45 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis

930
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED? Chesterfield, Mo.
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Medical history

(Signed) John P. Longwell M. D.
218 (Address) Corner of St. Louis Co.

*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 St. James, Mo DATE OF BURIAL Feb 10 1932

20. UNDERTAKER Schroeder & Co ADDRESS Dallwin, 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.

MAR 5 1932

