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.

MAY 28 1932

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

Do not use this space.

12022

1. PLACE OF DEATH
26 County Cole — Registration District No. 213 — File No. 101
3 Township — Primary Registration District No. 3014 — Registered No.
8 City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Dorothy Mae Irma Rohlfing
(a) Residence, No. ✓ St., ✓ Ward. Hermann Mo
(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 Female
4. COLOR OR RACE White
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) Aug-11-1928
7. AGE YEARS [illegible] MONTHS 8 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) New Haven Mo

FATHER
13. NAME Eddie Rohlfing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo

MOTHER
15. MAIDEN NAME Louise Doll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo

17. INFORMANT (ADDRESS) Eddie Rohlfing Hermann Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann Mo DATE 5/1, 1932
19. UNDERTAKER (ADDRESS) Herman Blumer Hermann Mo
20. FILED 4/30/, 1932 M. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1932, to April 28, 1932
I last saw her alive on Apr 28, 1932. Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

108
114B
95B
R. Pneumonia Lobar. left lung Collapsed.

Date of onset: 3 wks ago

Other contributory causes of importance: 108
Heart displaced to right

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) M. R. Redridge, M. D.
(Address) Jefferson City Mo