

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

Do not use this space.

28192

1. PLACE OF DEATH

County Buchanan
Township St. Joseph, Mo.
City St. Joseph, Mo.

Registration District No. 85
Primary Registration District No. 1001
City Mo. Methodist Hos

File No.
Registered No. 852
St. Ward)

2. FULL NAME

(a) Residence, No. Henry H. Rottinghaus St. Ward.

(Usual place of abode) Seneca Kansas
(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 Mary A. Rottinghaus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1864
7. AGE YEARS 68 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Unknown Germany 10

MOTHER FATHER 13. NAME Frank Rottinghaus

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary A. Rottinghaus Seneca, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Kansas DATE Sept 3, 1932

19. UNDERTAKER (ADDRESS) St. German Funeral Home St. Joseph, Mo.

20. FILED 9-1-32 19... John R. Bendick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from 8/25/1932 to 9/31/1932
I last saw him alive on 8/31/1932 Death is said to have occurred on the date stated above, at 12:25a.m.
The principal cause of death and related causes of importance were as follows:

Phonix myocarditis
930 930
137 930
Other contributory causes of importance: Hyperlophy of Prostate

Name of operation none Date of
What test confirmed diagnosis? 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 Cholesterol, M. D.
(Signed) P. E. G. St. Joseph, Mo.
(Address) St. Joseph, 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.

101 24 1932

