

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

Do not use this space.

28746

1. PLACE OF DEATH  
 21 County Chariton Registration District No. 175  
 Township Salisbury Primary Registration District No. 5243  
 City..... (No.....) St..... Ward.....

2. FULL NAME Rosemary Lentz  
 (a) Residence No..... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.....  
 Registered No. 42  
 St..... Ward.....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7  
 4. COLOR OR RACE W.  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-15-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 8 min.

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

9. BIRTHPLACE (CITY OR TOWN) Salisbury  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Ed Lentz  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salisbury  
 (STATE OR COUNTRY) mo  
 12. MAIDEN NAME OF MOTHER Adell Biese  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Forest Glen  
 (STATE OR COUNTRY) mo

14. INFORMANT Ed Lentz  
 (Address) Salisbury mo

15. FILED 9/15 1932 Gustav Kuehn  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-15-1932  
 17. I HEREBY CERTIFY, That I attended deceased from 12:15 am 9/15, 1932, to 8 am 9/15, 1932 that I last saw h. h. alive on 9/15/8 am, 1932, and that death occurred, on the date stated above, at 8 am m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Purpura Hemorrhagica  
1015  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 70 W  
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Gustav Kuehn, M. D.

9/15 1932 (Address) Salisbury 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 DATE OF BURIAL  
Salisbury Am F. Brien mo 9/16 1932

20. UNDERTAKER ADDRESS  
Winkelmeyer Bros. Missouri Salisbury

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.

SEP 25 1932

