

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

Do not use this space.

35191

NOV 23 1932

1. PLACE OF DEATH
27 County Cooper Registration District No. 218
2 Township _____ Primary Registration District No. 2015
4 City Boonville, Mo. (No. _____, _____, _____) St. _____ Ward _____
2. FULL NAME Rose K. Widel
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 R. N. Widel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4. 7. 1890
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 7 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) near Pilot Grove, Cooper Co. Mo.
13. NAME John Widel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Mary K. Kestler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Mrs. J. B. Berry, Boonville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 11/10/32
19. UNDERTAKER (ADDRESS) C. D. Duncan, New Franklin, Mo.
20. FILED _____ 19 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1932
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1025 a.m.
The principal cause of death and related causes of importance were as follows:
Skull Fracture Date of onset 11-6-32
210 M
3:10
Other contributory causes of importance: (5) 201
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? accident Date of injury 11-6-32
Where did injury occur? Highway 41, Cooper Co. Mo.
(Specify city or town/county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury car collision
Nature of injury skull fracture
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) T. C. Beckett (Coroner) M. D.
(Address) Boonville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 2010

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED Nov 8 1932 Boonville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from

to 19.

I last saw h. alive on, 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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. D.

(Address)

S-35191