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.

78
7

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

Dr W

Do not use this space.

File No. 40978

Registered No.

1. PLACE OF DEATH
County Pemiscot
Township
City Steele (No. St. Ward)
Registration District No. 655
Primary Registration District No. 4392

2. FULL NAME William Johnie Rose
(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 1 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AN 27 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	w	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-9-1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	6	1	

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

9. BIRTHPLACE (CITY OR TOWN) Steele
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Frank Rose
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Sussie Crawford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Steele
(STATE OR COUNTRY) Mo

14. INFORMANT Frank Rose
(Address) Steele Mo

15. FILED 1/9, 1933 Max P. Kelley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 3.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11 A
1077 11 A
(duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
9 IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) James P. Vickery, M. D.
, 19 (Address) Steele - 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
Mt Zion	12-11 1932
20. UNDERTAKER	ADDRESS
Gennamarchi Co	Steele