

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.

365

APR 24 1933

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

Do not use this space.

9083

1. PLACE OF DEATH
 County Dunklin Registration District No. 287
 Township Clark Primary Registration District No. 5-405
 City Harnersville 4171 St. _____ Ward) _____

2. FULL NAME Jose Lee Rose Jr.
 (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

3. SEX Male 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) Oct 29 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 4 20

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) Harnersville (STATE OR COUNTRY) Mo

FATHER

13. NAME Jose L. Rose
 14. BIRTHPLACE (CITY OR TOWN) Clarksville (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Mary Lee Kenneth
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

17. INFORMANT J. L. Rose (ADDRESS) Harnersville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Harner DATE 3/19 1933

19. UNDERTAKER Baldwin and Co (ADDRESS) Kennett Mo

20. FILED 3-19 1933 O. G. Cape Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1933

22. I HEREBY CERTIFY, that I attended deceased from Mar 14 1933 Mar 19 1933
 I last saw him alive on Mar 19 1933 Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebro Spinal Meningeal Infection (epidemic) Date of onset 3-14-33
18 18

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) O. G. Cape M. D.
 (Address) Harnersville Mo

