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.

MAY 22 1933

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

Do not use this space.

13834

1. PLACE OF DEATH

59 County Livingston — Registration District No. 508 — File No.

Township — Primary Registration District No. 3026 — Registered No. 44

City Shillicothe (No. ..., ... St. ..... Ward)

2. FULL NAME Mary Stella Rochat

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: 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 William Rochat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26. 1858

7. AGE: YEARS 74 — MONTHS 11 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME William Joynes 0

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

MOTHER

15. MAIDEN NAME Lizzie Rogers

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

17. INFORMANT (ADDRESS) Mrs J. H. Goodman Shillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cemetery DATE 4/4 1933

19. UNDERTAKER (ADDRESS) R. M. Marshall Shillicothe

20. FILED 4/4 1933 R. Barney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not attend Deceased, 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Cerebral Hemorrhage	3/21/33
S.V.A.	

Other contributory causes of importance: 82a

Name of operation None Date of

What test confirmed diagnosis? History of Case 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

(Signed) A. Collier M.D. Coroner Livingston Co. M.D.

(Address) Shillicothe Mo

NOV 13 1968