

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.

JUN 24 1933

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

Do not use this space.

18713
1933

1. PLACE OF DEATH
County Lemmon Registration District No. 875
Township Decker Primary Registration District No. 6161
City Walker St. _____ Ward _____

2. FULL NAME Antonia Roder
(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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis John Roder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1872</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>10</u>	DAYS <u>4</u>
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. <u>House wife</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 16 33</u>		11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Bend Wisconsin</u>		
13. NAME <u>D K</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D K D K</u>		
15. MAIDEN NAME <u>D K</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D K D K</u>		
17. INFORMANT <u>Lewis John Roder</u> (ADDRESS) <u>Nevada mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Newton Cem</u> DATE <u>5 - 22 - 1933</u>		
19. UNDERTAKER <u>Ferry Funeral Home</u> (ADDRESS) <u>Nevada mo</u>		
20. FILED <u>6-5-</u> 19 <u>33</u> <u>E. O. King</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 20 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 20, 1933
I last saw her alive on May 15, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Purpuric Encephalitis Date of onset D.K.
91A
87A 71A

Other contributory causes of importance:
multiple Neuritis D.K.

Name of operation _____ 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? _____ 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. B. Davis, M. D.
(Address) Walker Mo

