

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.

APR 29 1933

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

Do not use this space.

1. PLACE OF DEATH

County Washington  
Township Union  
City Union (No.       )

Registration District No. 987  
Primary Registration District No. 6182

File No. 22156  
Registered No. 40  
St.        Ward       

2. FULL NAME

Rosie Virginia Torrence

(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 <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>John Torrence</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17 - 1890</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>6</u>
	DAYS <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Mines Mo</u>	
	13. NAME <u>John V Portell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Mines Mo</u>	
	15. MAIDEN NAME <u>Nora Lachauer</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Mines Mo</u>	
	17. INFORMANT (ADDRESS) <u>John Torrence Old Mines Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Mines Mo</u> DATE <u>6/27</u> 19 <u>33</u>		
19. UNDERTAKER <u>J. B. BOYER &amp; SON</u> (ADDRESS) <u>POTOSI MO</u>		
20. FILED <u>6-27</u> 19 <u>33</u> <u>Jos. L. Thurman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932, to July 26 1933. I last saw her alive on June 14 1933. Death is said to have occurred on the date stated above, at 11:45 Am.

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

Tuberculosis Interstis Date of onset 15 25

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) W. H. H. H. H., M. D.

(Address) Potosi Mo

