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.

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

Do not use this space.

22245

File No. .....

Registered No. 100

1. PLACE OF DEATH Audrain Hospital

County Audrain Co. Registration District No. 26

Township Salitrous Primary Registration District No. 3002

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

2. FULL NAME Katherine T. Rosenthal

(a) Residence, No. Mexico W. B-6 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: 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 George Rosenthal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-2-1905

7. AGE: Years 27 Months 11 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo

FATHER

13. NAME Willard M. Tompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo

MOTHER

15. MAIDEN NAME Sallie Ware

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) W. M. Tompson Mexico, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Elmwood DATE 7-18-1933

19. UNDERTAKER (ADDRESS) H A Brechtelsbauer Mexico Mo

20. FILED July 12, 1933 Ira E Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-8-1933, to 7-12-1933

I last saw her alive on 7-12, 1933. Death is said to have occurred on the date stated above, at 4 07 p.m.

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

	Date of onset
Ruptured Ectopic Pregnancy	

Other contributory causes of importance: .....

Name of operation Laparotomy Date of 7-10-33

What test confirmed diagnosis? Operative 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) J. Frank Fuller, M. D.

(Address) Mexico, Mo.