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.

85

22332

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001 — File No.: 22332
City: St Joseph (No. Mercy, Hospital St. Ward) — Registered No.: 756

2. FULL NAME: Rufus Nelson. Rose.
(a) Residence, No. 2801 S 24th 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22 1899

7. AGE: Years 34 — Months 6 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Round House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rock Island Ry
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): Rogers Arkansas

FATHER
13. NAME: George Rose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama Unknown

MOTHER
15. MAIDEN NAME: Mary L Manning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaska Tennessee

17. INFORMANT (ADDRESS): Viola Rose 2801 S 24th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn DATE: July 31, 1933

19. UNDERTAKER (ADDRESS): Fleeman Mortuary Inc 1946 Calhoun

20. FILED: 7-30, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to July 29, 1933
I last saw him alive on July 29, 1933. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonic Meningitis	7/26
Other contributory causes of importance: Otitis Media of three weeks standing	

Name of operation: none Date of: 7/29/33
What test confirmed diagnosis? Physical finding Was there an autopsy? yes

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) T. O. Pierce DO, M. D.
(Address) 801 N. Francis