

12-40

Do not use this space.

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

23832

File No. 1933

Registered No. 11

1. PLACE OF DEATH

County Monticourt  
Township Lin  
City (No. ....) Ward

Registration District No. 574  
Primary Registration District No. 8272A

2. FULL NAME

Ella Rosa Christina Rosenmiller Rosenmiller

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1890 Nov. 7  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
43 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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) Sandy Hook

13. NAME Frank Gutzsch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Augusta Burghardt

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

17. INFORMANT Albert Fredrick Rosenmiller  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE July 14 1933

19. UNDERTAKER Charlie Fullrich  
(ADDRESS) Janestown

20. FILED July 15 1933 Ellis E. Rake  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1933

I HEREBY CERTIFY, That I attended deceased from 7-6 1933 to 7-14 1933  
last saw her alive on 7-17 1933 Death is said to have occurred on the date stated above, at 1 P. m.

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

Car Crowned Right Chest 1 + Breast  
50 52 E 50  
Other contributory causes of importance:  
15 1/2 in Mole Back

Name of operation Removed mole Date of Oct 32  
What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury .....

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) A. Z. Mershak, M. D.  
(Address) Primo Home mo

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.

AUG 26 1933

235-1-31-31

$$\begin{array}{r} 1933-19-14 \\ 1890-11-7 \\ \hline 42-8-7 \end{array}$$

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