

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

Do not use this space.

25547

1. PLACE OF DEATH

County Andrew
Township Suburban
City Medianna (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 130 St. _____ Ward _____

2. FULL NAME

Woodward Banister Rouse
(a) Residence. No. St. Charles St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Mrs. Minnie Rouse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>66</u>	<u>9</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Augustus Rouse

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monroe Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Minnie Utterback

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co. Mo.
(STATE OR COUNTRY) Missouri

14. INFORMANT Marion Rouse (son)
(Address) St. Charles + Paris

15. FILED Aug 27 1933 Bra D Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-27-1933

17. I HEREBY CERTIFY, That I attended deceased from 8-20-1933 to 8-27-1933 that I last saw him alive on 8-27-1933 and that death occurred, on the date stated above, at 2:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
all white cells acute
1908
1915

CONTRIBUTORY (SECONDARY) Myocarditis -
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Cannon, M. D.
(Address) Mexico Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walnut Grove - Monroe Co DATE OF BURIAL Aug 29 1933

20. UNDERTAKER Boyer + Hanger - Santa Fe Mo ADDRESS _____

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. SEP 26 1933

