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.

SEP 26 1933

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

Do not use this space.

26279

File No.
Registered No. 5-7

45

1. PLACE OF DEATH
County Howard,
Township Burton
City (No. , St. Ward)

Registration District No. 378
Primary Registration District No. 5-5-28

2. FULL NAME Rowland Morschauser,

(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 Male

4. COLOR OR RACE White,

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/5/1860

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	29	

OCCUPATION

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

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) Howard Co.

FATHER

13. NAME John Morschauser

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

MOTHER

15. MAIDEN NAME Rebecka Forkner.

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

17. INFORMANT Andrew Maupin,
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Howard Co. DATE 8/5/33, 19

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED Sep. 8, 1933 O. C. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1931, to August 4, 1933

I last saw him alive on July 30, 1933 Death is said to have occurred on the date stated above, at 4 a.m.

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

	Date of onset
Chronic Nephritis	1931
131	
1328	
181	

Other contributory causes of importance: Uraemia

Name of operation — Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) C. F. Burschalter, M. D.

(Address) Higbee, Missouri