

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

Do not use this space.

27348

1. PLACE OF DEATH

County Polio
Township Johnson
City Keosauqua (No. _____)

Registration District No. 703
Primary Registration District No. 5932

File No. 1
Registered No. 56
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Osceola Mo
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25 - 1857</u>					
7. AGE		YEARS		MONTHS	
<u>76</u>		<u>7</u>		<u>4</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Housewife</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Good</u>			
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) <u>Lewy City Mo</u>					
13. NAME <u>Jonas Rothgeb</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallup Co Ohio</u>					
15. MAIDEN NAME <u>Martha Louisa Rothgeb nee Cooper</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warraw Mo</u>					
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osceola Mo</u> DATE <u>Aug 23 1933</u>					
19. UNDERTAKER (ADDRESS) <u>O. S. Hull Osceola Mo</u>					
20. FILED <u>Oct 1 1933 Mrs R. S. News Registrar</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1933

I HEREBY CERTIFY, That I attended deceased from July 27 1932 to Aug 21 1933
I last saw her alive on Aug 21 1933 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Endocarditis
Septic infection
Cystic liver
Arteriosclerosis
928

Date of onset Aug 18 1933
Cause of death Septic infection

Other contributory cause of importance:
1175 1/3 1/4
1250 1/3 1/4

Name of operation None Date of _____
What test confirmed diagnosis Concussion 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) A. J. Stupp, M. D.
(Address) Keosauqua 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.

OCT 20 1933

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