

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

Do not use this space.

33574

1. PLACE OF DEATH

55 County Lawrence Registration District No. 470
Township N. Mt. Vernon Primary Registration District No. 3633
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 78

2. FULL NAME

E. G. Rollison
(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. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-25-09</u>				
7. AGE	YEARS <u>24</u>	MONTHS <u>1</u>	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sabotier</u>			
	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	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Mo.</u>			
	13. NAME <u>Vernie Rollison</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>			
	15. MAIDEN NAME <u>Elizabeth Bishop</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Mo.</u>				
17. INFORMANT <u>Sanatorium Records</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL <u>removed</u> PLACE <u>removed</u> DATE <u>10/18</u> 19 <u>33</u>				
19. UNDERTAKER <u>Geo B. Orr</u> (ADDRESS) <u>removed Mo.</u>				
20. FILED <u>Oct 20 1933</u> <u>P. A. Holmes</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18 .1933

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1933, to 10/18 1933
I last saw him alive on 10/17 1933. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
23A
23
Date of onset Sept 19/33

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Sab. 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) J. B. Storkel, M. D.
(Address) removed Mo.

WHILE PRINTING, 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.

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