

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

Do not use this space.

39221

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
Registered No. 1246

2. FULL NAME

Rosetta M. Eiman

(a) Residence, No. 1215- 5th. Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emmett E. Eiman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22, 1908</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>3</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>At Home.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>12-15</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>12-15</u>

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) MO.

FATHER 13. NAME Edw. H. Stark

FATHER 14. BIRTHPLACE (CITY OR TOWN) Belleville, (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Lucy Carrie Alley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Des Moines, (STATE OR COUNTRY) Ia.

17. INFORMANT Emmett E. Eiman (ADDRESS) 1215- 5th. Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE Dec. 18, 1933,

19. UNDERTAKER Walter Meierhoffer (ADDRESS) 302 Faraon St. St. Joseph, Mo.

20. FILED DEC 18 1933 19 _____ John R. Berde Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1933 19 _____

22. I HEREBY CERTIFY, That I attended deceased from Dec 8- 1933 to Dec 15- 1933
I last saw her alive on 10 AM. 12-15 1933 Death is said to have occurred on the date stated above, at 2.10 P.M.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance <u>Regeneration of liver</u> <u>Chronicular Hepatitis</u> <u>Cardiac failure</u>	Date of onset <u>12/25-33</u> <u>12/13-33</u> <u>12/15-33</u>
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Clown W. Stang M. D.
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 26 1934

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