

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

Do not use this space.

239

85

1. PLACE OF DEATH

County Washington

Registration District No. 1001

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. Mercy Hospital)

St. Mercy Hosp.

Ward Oregon mo

2. FULL NAME

(a) Residence, No. Ballard Rosnie

(Usual place of abode)

St. St. Joseph

Ward Oregon mo

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 Female

4. COLOR OR RACE white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1881

7. AGE

YEARS 52

MONTHS 6

DAYS 28

If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same

10. Date deceased last worked at this occupation (month and year) Jan 12 - 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watson mo.

MOTHER

13. NAME Nathan Harmon

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

15. MAIDEN NAME Melissa Roy

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

17. INFORMANT Ballard Rosnie
(ADDRESS) Forest City mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Cemetery DATE Jan 16 - 1934

19. UNDERTAKER (ADDRESS) Leola Pettigrew
Oregon mo.

20. FILED 1-14-34 Joseph R. Benden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4:30 PM Jan 14, 1934 to 7:30 AM Jan 14, 1934

I last saw her alive on Jan 14, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Acute Ilex.
12/2
2
none

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Amural 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) W. Weed M. D.

(Address) 408 Curby St. 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.

