

FEB 27 1934

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

Do not use this space.

1731

1. PLACE OF DEATH

County Lafayette  
Township Waver  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 460  
Primary Registration District No. 5623

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Rosie Arth

(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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John M. Arth</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Dec 13, 1882</u>                      |                                  |   |
| 7. AGE YEARS<br><u>51</u>   | MONTHS<br><u>1</u>               | DAYS<br><u>10</u>   |
| If LESS than 1 day, _____ hrs. or _____ min.  |                                  |   |

|  |   |
|--|---|
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>House - wife</u> | 11. Total time (years) spent in this occupation |
| 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)  |   |

12. BIRTHPLACE (CITY OR TOWN) Effingham  
(STATE OR COUNTRY) Illinois

13. NAME William Ham prebrock

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

15. MAIDEN NAME Rachel Johnson

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

17. INFORMANT (ADDRESS) John M. Arth  
Daver Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Daver DATE 1-25 1934

19. UNDERTAKER (ADDRESS) Haefel & Miners  
Hickmanville Mo

20. FILED 1-25-34 1934 Dr. W. A. Braetklein  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23d 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 23d 1934 to Jan 23d 1934  
I last saw her alive on Jan 23d 1934. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy  
82-4

Date of onset  
1-23-34

Other contributory causes of importance:

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) Geo. A. Bell \_\_\_\_\_ M. D.  
(Address) Waverly Mo

1-2-4

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lafayette  
Township Dale  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 460  
Primary Registration District No. 5623

File No. 1731  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rosie Ruth

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS)

20. FILED \_\_\_\_\_ 19 11.6.28 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

5-1731