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.

MAR 24 1934

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

Do not use this space.

File No. 4338
Registered No. 2

1. PLACE OF DEATH
County: Cole
Township: Marion
City (Near) Elston, Mo. (No. ..... St. ..... Ward)
Registration District No. 211
Primary Registration District No. 5291

2. FULL NAME: David Ellsworth Routszong
(a) Residence. No. Near Elston, Mo. St., ... Ward. ..... (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	1	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Cole County Mo.

PARENTS
10. NAME OF FATHER John M. Routszong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Francis Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Anna Peters (Sister)
(Address) Elston Mo.

15. FILED 2/3 1934 H. T. Leach M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 1 1934

17. I HEREBY CERTIFY, That I attended deceased from January 31, 1934 to February 1, 1934 that I last saw h. alive on January 31 1934 and that death occurred, on the date stated above, at 1:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral appoplexy
9 hours (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? physical symptoms
(Signed) H. T. Leach, M. D.
, 19 (Address) Elston Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Elston Cemetery	Feb. 3 1934
20. UNDERTAKER	**ADDRESS**
Dawson Turner	Jeff City Mo.