

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

Do not use this space.

11800

1. PLACE OF DEATH

County Adair Registration District No. 1023
Township Clay Primary Registration District No. 5006
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 91

2. FULL NAME Frank Rattiff

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Rattiff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1868</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>12</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>Fanner</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.
D. S. Rattiff

13. NAME D. S. Rattiff

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

15. MAIDEN NAME Elizabeth Adkins

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

17. INFORMANT Wm. Wm. Genderson
(ADDRESS) Beulah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beulah Cemetery DATE 4/11 1934

19. UNDERTAKER F. R. Eganly
(ADDRESS) Beulah, Mo.

20. FILED May 14 1934 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5 1934 to April 8 1934

I last saw him alive on April 8 1934. Death is said

to have occurred on the date stated above, at 3 A. m.

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

Lobar Pneumonia

Date of onset
Apr. 5
1934

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 _____, 1934

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. F. Kennedy M. D.
(Address) Rockwell, Mo. Post 3 box 6

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.

JUN 20 1934

