

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 19471
Registered No. 139
St. _____ Ward _____

2. FULL NAME

Irvin Robinson Rose

(a) Residence, No. 610 Range Line St. Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</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>Emily Jane Rose</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-14-1848</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>85</u> | <u>11</u> |
| | | DAYS |
| | | <u>25</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>Brick Mason & contractor</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) <u>Fort Wayne Indiana</u> | | |
| MOTHER | 13. NAME <u>George Rose</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> | |
| | 15. MAIDEN NAME <u>Julia Moore</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York state</u> | |
| 17. INFORMANT <u>Mrs Irvin R. Rose</u> (ADDRESS) <u>Columbia, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Mo. cem.</u> DATE <u>6-13-34</u> | | |
| 19. UNDERTAKER <u>Parlor F.C. (MAY)</u> (ADDRESS) <u>Columbia, Mo.</u> | | |
| 20. FILED <u>6/11/34</u> <u>Allie Selby</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1934

22. I HEREBY CERTIFY, That I attended deceased from After death, 1934, at 6-9-, 1934.
I last saw him already dead, for medical
to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
On going to bed he seemed up to then of the light feel - but with head on the north wall in 3 or 4 minutes.
Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? No
(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 no P. present
(Signed) W. P. Bryant, M. D.
(Address) Columbia, Mo.

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

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.

JUL 20 1934

