

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 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township _____ Primary Registration District No. 3026
City Chillicothe (No. _____) St. _____ Ward _____

File No. 25378
Registered No. 91

2. FULL NAME

William H. Romneiser

(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>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-19-1854</u> | | |
| 7. AGE | YEARS <u>79</u> | MONTHS <u>8</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>Ironer Ret</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) (STATE OR COUNTRY) <u>Livingston Ill</u> | 13. NAME <u>John Romneiser</u> | |
| FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Elizabeth Herleman</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT <u>Ed. Frink</u> (ADDRESS) <u>Walton</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton</u> DATE <u>July 3-1934</u> | | |
| 19. UNDERTAKER <u>Jas. P. Gonda</u> (ADDRESS) <u>Chillicothe Mo</u> | | |
| 20. FILED <u>July 5 1934</u> <u>Kenneth K. Davel</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 1934 to July 1 1934
I last saw him alive on July 1 1934. Death is said to have occurred on the date stated above, at 1300 a.m.
The principal cause of death and related causes of importance were as follows:
Metral Resurgitation Date of onset 1924
92A

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Injuri 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) A. Callen M. D.
(Address) Chillicothe Mo

