

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.

AGE 16 1934

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

Do not use this space.

1. PLACE OF DEATH  
87 County Rolla Registration District No. 930  
Township Saline Primary Registration District No. 5762  
City Rolla (No. 1) St. Rolla Ward 1

File No. 26019  
Registered No. 26019

2. FULL NAME Julia Straub  
(a) Residence, No. 10 St. Rolla Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29-1855

7. AGE YEARS 78 MONTHS 8 DAYS 20 If LESS than 1 day, hrs or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) At Home 11. Total time (years) spent in this occupation At Home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME August Hesse

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

15. MAIDEN NAME Morothy Hensle

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

17. INFORMANT (ADDRESS) Julia Straub

18. BURIAL, CREMATION, OR REMOVAL West Ely Cemetery July-22-34

19. UNDERTAKER (ADDRESS) William + Son

20. FILED July 22nd 1934 J. C. Floyd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-19-34

22. I HEREBY CERTIFY, That I attended deceased from July 16th 1934 to July 19th 1934. I last saw Julia alive on July 16th 1934. Death is said to have occurred on the date stated above, at Rolla Mo. The principal cause of death and related causes of importance were as follows:

Chronic Arthritis - Deformans

Other contributory causes of importance: None

Name of operation None Date of None

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? None Date of injury None, 19 34

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) W. D. Pappas, M. D.

(Address) Monroe City, Mo.

