

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.

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

Do not use this space.

SEP 14 1934

30557

1. PLACE OF DEATH  
 92 County St Charles Registration District No. 760  
 Township Quiver Primary Registration District No. 5999  
 City..... (No..... St..... Ward)

2. FULL NAME Un-named  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1934

|        |       |        |      |                                       |
|--------|-------|--------|------|---------------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or 15 min. |
|        | 0     | 0      | 6    | 3                                     |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation. None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forreston Mo

MOTHER FATHER

13. NAME Charles H Roloff

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

15. MAIDEN NAME Irize Wood

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

17. INFORMANT (ADDRESS) Charles H Roloff Forreston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Night City Cem DATE Aug 28 1934

19. UNDERTAKER (ADDRESS) St Neeburg Wrigleyville Mo

20. FILED 8/29 1934 W Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 28<sup>th</sup> 1934 to Aug 28<sup>th</sup> 1934  
 I last saw him alive on Aug 28 1934. Death is said to have occurred on the date stated above, at 7<sup>00</sup> A. m.  
 The principal cause of death and related causes of importance were as follows:  
Premature Birth

Date of onset

159

Other contributory causes of importance: 159

Name of operation None 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....., 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 MS Clascantach M. D.  
 (Signed) Wright City Mo  
 (Address) Wright City Mo

