

OCT 8 1934

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

Do not use this space.

33136

## 1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. ....  
Township ..... Primary Registration District No. 3020 Registered No. ....  
City Carthage - McBurn - Lyons Hospital St. .... Ward) .....

## 2. FULL NAME

Eliza Gertrude Rosenbaum

(a) Residence, No. 1708 Walnut St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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 Walter Rosenbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 9 14

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. 48  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton Missouri

13. NAME John H. Pruitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

15. MAIDEN NAME Eliza Gofrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) James Paul Rosenbaum 1708 Walnut - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Berk Cemetery DATE Sept. 9, 1934

19. UNDERTAKER (ADDRESS) Wesley Mortuary Carthage Mo

20. FILED Sept 8, 1934 E. B. Colston Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1934 to Sept 6, 1934  
I last saw him alive on Sept 5, 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:

Illness Paralytica following hysterectomy for carcinoma corpus uteri Date of onset Sept 3, 1934

Other contributory causes of importance none 48

Name of operation Hysterectomy Date of Aug 30, 1934

What test confirmed diagnosis? ..... 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? ..... (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) H. A. LaFare M. D.

(Address) Carthage Mo

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.

