

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

Do not use this space.

OCT 15 1934

**1. PLACE OF DEATH**

County *Moxy*  
Township *Jeddo*  
City (No. ....)

Registration District No. *444*  
Primary Registration District No. *3-604*

File No. *33247*  
Registered No. *13*  
St. .... Ward)

**2. FULL NAME**

*Dorothy Lee Rouner*

(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 *12* yrs. *8* mos. *2* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 21 1912*

7. AGE YEARS *22* MONTHS *8* DAYS *2* If LESS than 1 day, .....hrs. or .....min.

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.

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

12. BIRTHPLACE (CITY OR TOWN) *Moxy Co Mo.* (STATE OR COUNTRY)

13. NAME *James Hardin Rouner*

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

15. MAIDEN NAME *Fleta Nell McKungie*

16. BIRTHPLACE (CITY OR TOWN) *Moxy Co Mo.* (STATE OR COUNTRY)

17. INFORMANT *Fleta Nell Rouner* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Burkidge Cemetery* DATE *Sept 24 1934*

19. UNDERTAKER *A. J. Seger* (ADDRESS) *Moxy Co Mo.*

20. FILED *Sept 24 1934* *J. R. Northcutt* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 23 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 20 1932* to *Sept 23 1934*

I last saw h. *ex* alive on *Sept 16 1934* Death is said to have occurred on the date stated above, at *7:45 a.m.*

The principal cause of death and related causes of importance were as follows:

*Diabetes Mellitus* Date of onset *59*

Other contributory causes of importance:

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 .....

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) *J. H. Phillips M.D.* (Address) *Moxy Co 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.

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

