

NOV 16 1934

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

Do not use this space.

35146

1. PLACE OF DEATH

County *Barry*
Township *Carroll*
City (No. _____) _____

Registration District No. *31*
Primary Registration District No. *5042B*

File No. *30*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Alexander Rosewitz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 16, 1857</i>		
7. AGE YEARS <i>87</i>	MONTHS <i>3</i>	DAYS <i>19</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		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) <i>Germany</i>		
13. NAME <i>Frank Fatmer</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <i>John Rosewitz</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Brickfield</i> DATE <i>Oct. 7, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Blankenship</i>		
20. FILED <i>11-10-34</i> <i>Mattie Blankenship</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 5, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *9-23, 1934*, to *10-5, 1934*

I last saw her alive on *9-28, 1934* Death is said to have occurred on the date stated above, at *1:26 a.m.*

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

Generalized Arteriosclerosis unknown
Right Hemiplegia 9-23-34
Auricular Fibrillation unknown

Other contributory causes of importance:
87
87
97

(Name of operation) *none* Date of _____

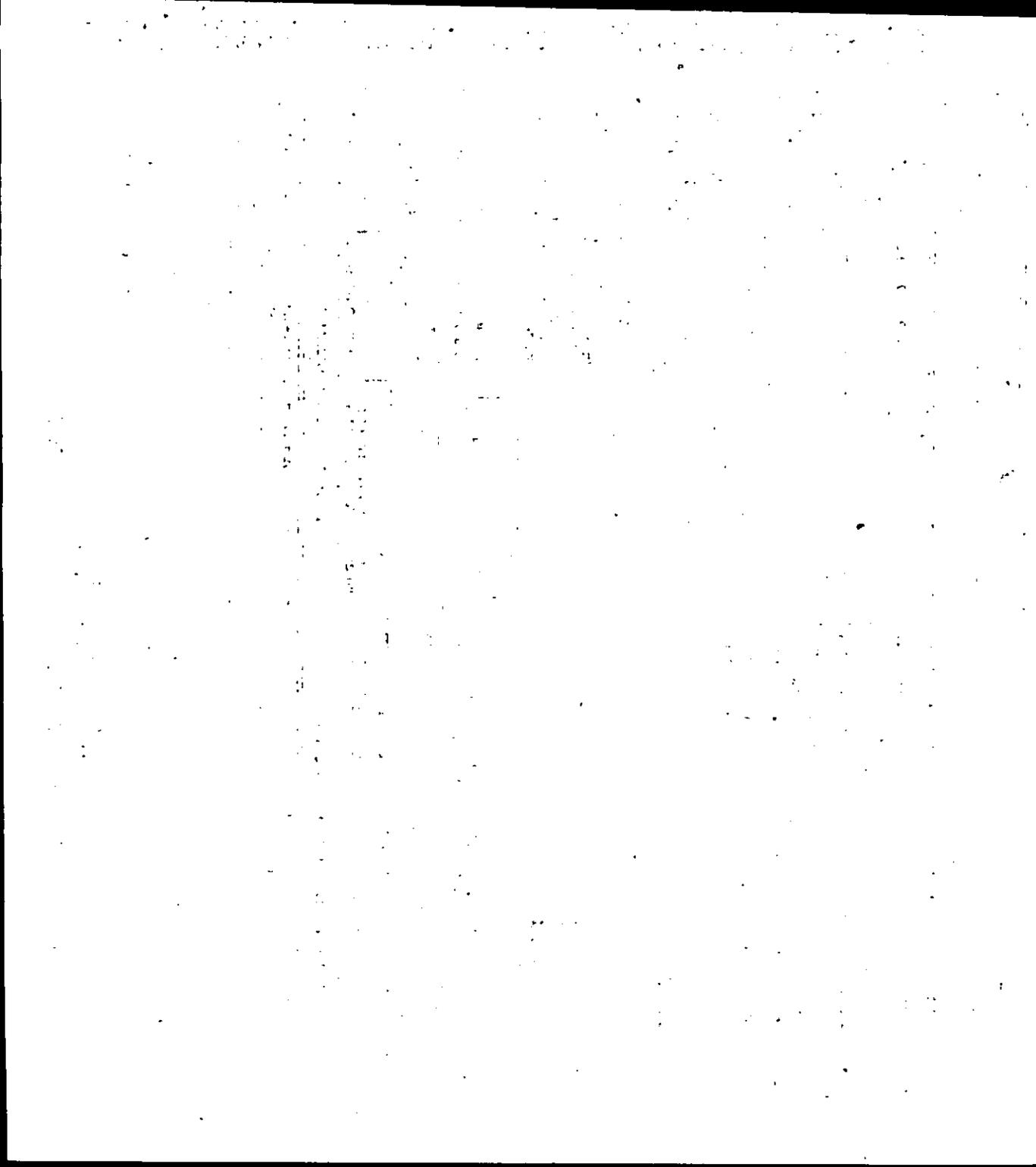
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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) *Gilbert L. Kimball*, M. D.
(Address) *Wheaton, 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.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Darry
Township Concordia
City Agatha (No.)

Registration District No. 310
Primary Registration District No. 504203

File No. 30
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-5-1934

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-10-1852
7. AGE YEARS 82 MONTHS 3 DAYS 19 If LESS than 1 day, hrs. or min.

Generalized Arterio-sclerosis
Right Hemiplegia
Arterial Sclerosis →
Cerebral Thrombosis →
Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 1934. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manner of injury
Nature of injury

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 1934

19. UNDERTAKER (ADDRESS)

(Signed) Hubert L. Kimball, M. D.
(Address) Wheaton, Mo.

20. FILED 11-10, 1934 Mathy Blankenship Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

JAN 25 1935

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