

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.

DEC 1 1 1934

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1. PLACE OF DEATH

County Ralls
Township Jasper
City (No.) (No.) (No.)

Registration District No. 912
Primary Registration District No. 5960B

File No.
Registered No. 38
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1885

7. AGE YEARS 49 MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) Nov 4 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co. Missouri

13. NAME Thomas Gore

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

15. MAIDEN NAME Dussan Ellie

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

17. INFORMANT (ADDRESS) Mrs Chester Rohr Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Cemetery DATE Nov 5 1934

19. UNDERTAKER (ADDRESS) Clark and Davies Vandalia Mo

20. FILED Nov 5 1934 Mollie Fugate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1933 to Nov 4 1934

I last saw her alive on Aug 29 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:
Chronic Valvular Heart Disease Date of onset 9/20 9/22

Other contributory causes of importance:

Name of operation 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?
If so, specify
(Signed) H. N. Bland M. D.
(Address) Vandalia Mo

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