

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

42140

1. PLACE OF DEATH

County ButlerTownship Poplar BluffCity ~~Kellytown addition~~ to Poplar Bluff, Mo.Registration District No. 89Primary Registration District No. 5131

File No. _____

Registered No. 260

St. _____ Ward _____

2. FULL NAME

Rose Derrington(a) Residence, No. Kellytown addition Poplar Bluff, Mo.

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Derrington6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>11</u>	<u>25</u>	

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.

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) Priarie Durocher Ill.13. NAME Adolph Queffemme14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Josephine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT Ollie Derrington
(ADDRESS) Kellytown Poplar Bluff, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE City cemetery DATE Dec. 13, 193419. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.20. FILED 12/13, 1934 O.C. Cutsinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1934I HEREBY CERTIFY that I attended deceased from Dec 11, 1934 to Dec 11, 1934I last saw her alive on Dec 11, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

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

Apoplexy Date of onset 12-11-34

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) Wm. H. Henschel, M. D.(Address) 09th Bluff 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.

Henschel

