

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

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19
Do not use this space.

1. PLACE OF DEATH JAN 11 1935
 County Clay Registration District No. 198
 Township Washington River Primary Registration District No. 3011
 City Excelsior Springs (No. _____) St. _____ Ward _____

2. FULL NAME Emma Rouse
 (a) Residence, No. Perimeter Home Add. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 42334
 Registered No. _____

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 husband J. W. Rouse.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1891, Feb. 13.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>43</u>	<u>10</u>	<u>6</u>	<u>17</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 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.

FATHER

13. NAME Garret unknown.

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

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT J. W. Rouse
 (ADDRESS) Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL spring no
 PLACE Excelsior Springs DATE Dec. 20 1934
Crown Hill

19. UNDERTAKER W. H. Hartman
 (ADDRESS) Excelsior Springs, Mo.

20. FILED 12-24-1934 Wm. Pear M. Craven
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-6- 1934, to 12-19- 1934

I last saw her alive on 12-19- 1934. Death is said to have occurred on the date stated above, at 3 P. m.

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

Date of onset 4 or 5
month
previous
to death

698

Other contributory causes of importance: W.D.

Name of operation _____ Date of _____
 What test confirmed diagnosis? physiometer 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) S. M. Craven, M. D.
 (Address) Excelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

