

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

Do not use this space.

JAN 1 8 1935

1. PLACE OF DEATH

County MONROE Registration District No. 5-82
Township JACKSON Primary Registration District No. 577F
City (No. ,) St. Ward

File No. 43763
Registered No. _____

2. FULL NAME

ELBERT J. ROUSE
(a) Residence, No. 1111 St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 LUCIA ROUSE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 15, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED CARPENTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9
10. Date deceased last worked at this occupation (month and year) MAY 1934 11. Total time (years) spent in this occupation 40

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

13. NAME LOGAN W. ROUSE

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

15. MAIDEN NAME ELLA MOSELEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SANTA FE Mo.

17. INFORMANT Mrs. LUCIA ROUSE (ADDRESS) PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE DEC. 9 1934

19. UNDERTAKER SPEED & BLANEY (ADDRESS) PARIS, Mo.

20. FILED DEC 7 1934 H. A. Payne Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 7 1934 19
22. I HEREBY CERTIFY, That I attended deceased from June 3 1934 to Dec 7 1934
I last saw him alive on Dec 7 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:
Myocardial Infarction with Cardiac Hypertrophy
Other contributory causes of importance:
None known

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical types Had 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) H. A. Payne M. D.
(Address) PARIS, 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.

