

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

Do not use this space.

MAR 26 1935

1. PLACE OF DEATH  
 County Madison Registration District No. 287  
 Township Howardsville Primary Registration District No. 4171  
 City Howardsville St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME G. F. Rose

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.

File No. 781  
 Registered No. 8

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>	<u>2</u>	<u>17</u>	

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

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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to Jan 5 1935.  
 I last saw him alive on Jan 5 1935. 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:  
Cerebral Hemorrhage  
(2) Arteriosclerosis 1933

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) G. H. Case M. D.  
 (Address) Howardsville Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn

MOTHER FATHER

13. NAME Ollias Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Tenn

15. MAIDEN NAME Margaret Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn

17. INFORMANT (ADDRESS) G. F. Rose

18. BURIAL, CREMATION, OR REMOVAL PLACE Howardsville Mo DATE Jan 1-8-35

19. UNDERTAKER (ADDRESS) Walden

20. FILED 1-7-35 C. H. Case Registrar.

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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