FEB 19 1936

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

Do not use this space.

File No. 848 A

Registered No.

1. PLACE OF DEATH
County Gasconade, Registration District No. 303
Township
City Hermann (No. St. Ward)
Primary Registration District No. 4182

2. FULL NAME Rosalia Canpari

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Canpari

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/16/1844

7. AGE: YEARS 91 | MONTHS 3 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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)

FATHER
13. NAME Jacob Baer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Elizabeth Reinhard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Abbie Rohlfing

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann DATE Jan 7 1936

19. UNDERTAKER (ADDRESS) F. W. Kuendiger

20. FILED 1-6 1936 Anna K. Richter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Jan. 5, 1936
I last saw h. alive on Jan. 3, 1936. Death is said to have occurred on the date stated above, at 1:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis.	

Other contributory causes of importance:
Senility

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? No
If so, specify

(Signed) A. H. Peter, MD, M.D.
(Address) Hermann, 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.