

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

FEB 26 1935

1915

1. PLACE OF DEATH

County Lewis  
Township Canton  
City Canton, Mo (No. \_\_\_\_\_)

Registration District No. 477  
Primary Registration District No. 5641

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William D. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10-1868  
7. AGE YEARS 66 MONTHS 4 (DAYS) 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Jan 6 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo  
13. NAME John W. Rose  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME Susan Sutton  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. W. D. Rose Canton, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove Canton Mo DATE Jan. 8 1935  
19. UNDERTAKER (ADDRESS) F. D. Kelly Canton Mo

20. FILED 1-8 1935 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1935  
22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1934 to Jan. 6 1935  
I last saw him live on Jan 6 1935. Death is said to have occurred on the date stated above, at 5:00 P.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Arterio Sclerosis  
Other contributory causes of importance \_\_\_\_\_  
Date of onset \_\_\_\_\_

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) H. W. Harris, M. D.  
(Address) Canton, Mo

