

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

Do not use this space.

MAR 4 1935

7856

**1. PLACE OF DEATH**

County Vernon  
Township Washington  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 875  
Primary Registration District No. 6162

File No. \_\_\_\_\_  
Registered No. 33

**2. FULL NAME**

(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. 8 mos. 15 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>4-9</u>	<u>10</u>	<u>8</u>	

**OCCUPATION**

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

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) Vichory Co. Mo.

**FATHER**  
13. NAME Pete Roth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daniel Co. Mo.

**MOTHER**  
15. MAIDEN NAME Miriam (Grenschwander)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Wayne Ind.

17. INFORMANT (ADDRESS) Mrs. Miriam Roth

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton, Mo. DATE 2-7-35

19. UNDERTAKER (ADDRESS) Pickens Fun. Home Nevada, Mo.

20. FILED 2-9-35 M. Eichinger Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to Feb 9, 1935.

I last saw him alive on Feb 9, 1935. Death is said

to have occurred on the date stated above, at 8 a. m.

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

Menical exhaustion Date of onset Feb 1/35

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was 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) T. J. Ogden M. D.

(Address) Nevada 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.

RECEIVED  
FEBRUARY 19 1964

OFFICE OF THE DIRECTOR

U.S. DEPARTMENT OF AGRICULTURE

TO: REGIONAL DIRECTOR, [illegible]  
FROM: [illegible]  
SUBJECT: [illegible]

RE: [illegible]  
[illegible]

[illegible text]

[illegible text]