MAY 30 1935

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

Do not use this space.

1. PLACE OF DEATH Polk
County ..... Registration District No. 702 File No. 10195
Township Madison Primary Registration District No. 4423 Registered No. .....
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Derossett
(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 60 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliz beth Deross ett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1848

7. AGE YEARS 86 MONTHS 3 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) About 1925
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME W M Derossett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) #

17. INFORMANT (ADDRESS) Elizabeth Derossett

18. BURIAL, CREMATION, OR REMOVAL
PLACE Akard Cem DATE Mch 15 1935

19. UNDERTAKER (ADDRESS) Crow and Barker

20. FILED 3/15 1935 R. L. Hurst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 10 1935 to Mch 14 1935
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undetermined	

Other contributory causes of importance:

Name of operation # Date of .....
What test confirmed diagnosis? None 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 No
(Signed) Chas H Brown, M. D.
(Address) Fair Play 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.