

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

Do not use this space.

10370

1. PLACE OF DEATH APR 26 1935
 County St. Gen. Registration District No. 780
 Township St. Genevieve Primary Registration District No. 4466
 City St. Genevieve St. _____ Ward _____

2. FULL NAME John A. Roth
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 Cherola Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Genevieve Mo

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30y11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:33 P. m.

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

(Vendor of Junk)
accidentally killed by
Hawthorn Dance while
performing regular
duties

Other contributory causes of importance:
died from shock from 7'
smashed leg.

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Missouri

13. NAME Jacob Roth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinsay Missouri

15. MAIDEN NAME Rose Ambruster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

17. INFORMANT (ADDRESS) Francis Roth St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve Mo DATE Mar. 13 1935

19. UNDERTAKER (ADDRESS) Geo. E. Basher St. Genevieve Mo

20. FILED Mar 12, 1935 T.W. Douglas Registrar.

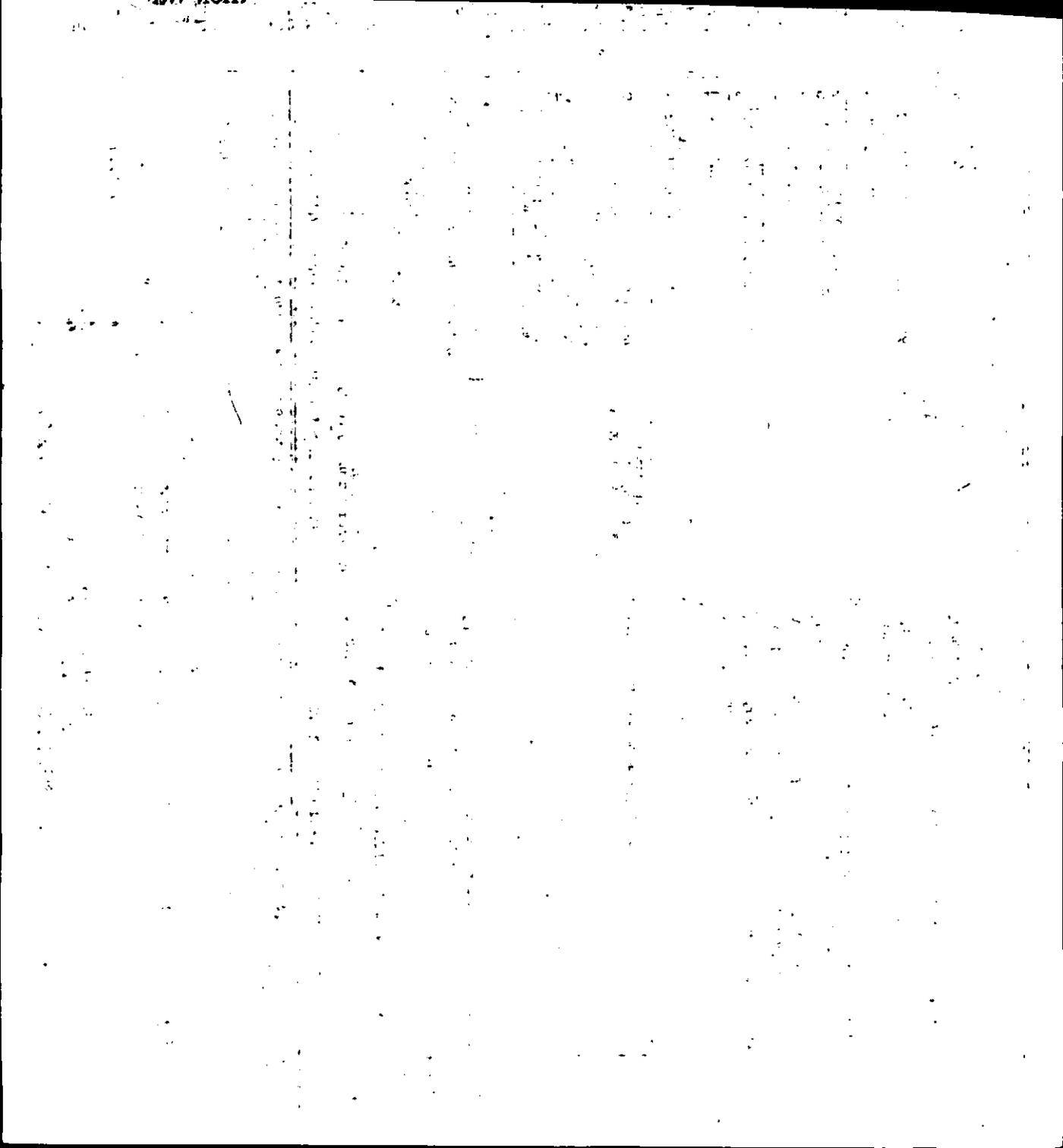
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Wm. J. Stanton Coroner
 (Address) St. Genevieve Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state



JUN 3 1935

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN IN
THIS SUPPLEMENTARY

File No.
Registered No.
St. Ward

1. PLACE OF DEATH

County St. Genevieve
Township
City (No.)

Registration District No. 780
Primary Registration District No. 4466

2. FULL NAME

John A. Rath

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 25

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

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Mar 12 1935 T.W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1935

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....
I last saw him alive on 19..... 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:

Shock from mangled leg
Date of onset

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. Accident Date of injury Mar 11, 1935

Where did injury occur? at Lime Kiln, St. Genevieve Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. occurred at Lime Works in St. Genevieve Mo

Manner of injury Caught by Leg in Horizontal Engine

Nature of injury Mangled leg (loss of blood)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed), M. D.

(Address)

MAY 31 1935

5-16370