JUN 13 1935

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

Do not use this space.

M. P. Patterson
M. P. 47

File No.
Registered No.

1. PLACE OF DEATH

County: Greene — Registration District No. 218
Township — Primary Registration District No. 2 ward
City: Springfield Mo. (No. 733 S. Fort St. Ward)

2. FULL NAME Mollie Rose

(a) Residence, No. 733 S. Fort 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR WIFE OF) Joe Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	62	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Missouri

FATHER

13. NAME Isaac Pfaff

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

MOTHER

15. MAIDEN NAME Maragret Mehan

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

17. INFORMANT Joe Rose (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookline DATE May 9 - 1935

19. UNDERTAKER Alma Lohmeyer (ADDRESS) Springfield Mo.

20. FILED 5-8 1935 Chas. Wilcox Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24th 1935 to May 7th 1935

I last saw her alive on May 6th 1935. Death is said to have occurred on the date stated above, at 4:30 A.m.

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

	Date of onset
Uremia	4-24-1935

Other contributory causes of importance: Chronic Nephritis, Arterio-Sclerosis, Hypertension

Name of operation — Date of

What test confirmed diagnosis? Clinical Diagnosis — 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) M. P. Patterson, M. D.

(Address) Springfield, 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.