

JUL 22 1935

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

Do not use this space.

16739

1. PLACE OF DEATH

County Jackson Registration District No. 18th  
Township East Primary Registration District No. 18th  
City N. C. Moore (No. 3900 East 18th St., St. 18th, Ward) 18th

2. FULL NAME

Rose L. Jeller  
(a) Residence, No. 3900 East 18th St., Ward. 18th  
(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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Dr. F. W. Jeller</u>                       |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Feb-3-1863</u>  |                                  |   |
| 7. AGE YEARS<br><u>72</u>   | MONTHS<br><u>3</u>               | DAYS<br><u>26</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>at Home</u> |                                  | 11. Total time (years) spent in this occupation.....                      |
| 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).....  |                                  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Indiana</u>  |                                  |   |
| 13. NAME <u>Samuel Dowdall</u>  |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Kentucky</u>   |                                  |   |
| 15. MAIDEN NAME <u>Harriett Lehter</u>  |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Indiana</u>  |                                  |   |
| 17. INFORMANT<br><u>Mrs. Mathias S. Aaker</u><br>(ADDRESS) <u>200 Angeleno, Calif</u>                         |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Osurgu - Kst</u> DATE <u>6-1-35</u>                             |                                  |   |
| 19. UNDERTAKER<br><u>Mrs. G. A. Forster</u><br>(ADDRESS) <u>978 Broadway Avenue</u>                           |                                  |   |
| 20. FILED <u>6-1-35</u> <u>am am</u> <u>Crowe</u><br><u>Registrar.</u>  |                                  |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-35, 19

22. I HEREBY CERTIFY that I attended deceased from Dr. J. W. Jeller, 19

I last saw him alive on 5-29-35, 19. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:  
Chronic albuminuria Date of onset

Other contributory causes of importance:  
90  
as

Name of operation Autopsy Date 6-1-35

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Autopsy Date of injury 6-1-35, 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 Autopsy

Nature of injury Autopsy

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Autopsy

(Signed) Dr. J. W. Jeller, M. D.  
(Address) 18th St

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.

