

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.

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

Do not use this space.

16889

JUN 24 1935

1. PLACE OF DEATH  
County Jackson Registration District No. 421  
Township Jefferson Primary Registration District No. 6575  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harmon Lee Roussin  
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-29-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>7</u>	<u>9</u>	

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) Crystal City Mo

13. NAME Robert M Roussin

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

15. MAIDEN NAME Jona Arnold

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

17. INFORMANT (ADDRESS) Robert M Roussin Crystal City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmelineas DATE May 12 1935

19. UNDERTAKER (ADDRESS) Crystal City Mo

20. FILED 6/3 1935 J. C. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6 1935, to May 8 1935

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 1245 AM

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

Date of onset 5/5/35

Other contributory causes of importance:  
Indocordites

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? diagnosed 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) Hornforkel, M. D.  
(Address) Festus Mo

