

OCT 17 1935

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

Do not use this space.

28718

1. PLACE OF DEATH

County Buchanan, Registration District No. 83  
Township Crawford, Primary Registration District No. 5124  
City 2 Miles S.W. Faucett, Mo. R.F.D. #2 St.                      Ward                     

File No.                     

Registered No.                     

2. FULL NAME William Commodore Rose,

(a) Residence, No. R.F.D. # 2, Faucett, Mo. St.                      Ward                       
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 7 mos. 7 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 Frances Rose,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
80 7 7

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

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

10. Date deceased last worked at this occupation (month and year) September 1935 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page County, Iowa,

13. NAME Caswell Rose,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee

15. MAIDEN NAME Sydney Hurest,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

17. INFORMANT (ADDRESS) Mrs. H. C. Rose, R.F.D. #2, Faucett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Turner Cem. DATE Sept. 20, 1935

19. UNDERTAKER (ADDRESS) Heaton, B. G. & L. Bauerman, St. Joseph, Mo. Funeral Home

20. FILED 9/19, 1935 M. J. Kull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16th, 1935, to Sept. 19th, 1935

I last saw her alive on Sept. 18th, 1935. Death is said

to have occurred on the date stated above, at 7:20 a.m.

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

Coronary Hemorrhage Date of onset 9/16/35

Other contributory causes of importance:

Name of operation                      Date of                     

What test confirmed diagnosis? Chemical 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?

If so, specify No.

(Signed) J. R. Peter, M. D.

(Address) Wallace, 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.

