

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

Do not use this space.

30107

**1. PLACE OF DEATH**

64 County Maion Registration District No. 1548  
 Townshp Liberty Primary Registration District No. 4B23  
 2 City Palmquist (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 56

**2. FULL NAME**

(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.

Hannie M. Rous

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
95 2 22

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

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) Carroll Co Kentucky

13. NAME Julius Dabue

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

15. MAIDEN NAME Annie Malin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs. A. E. Woodward  
 (ADDRESS) Palmquist Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Providence DATE 28 1935  
Louisiana

19. UNDERTAKER C. J. Sprague  
 (ADDRESS) Palmquist Mo.

20. FILED Sept 27, 1935 Bertrude Lee  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Sept 26, 1935  
 I last saw her alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 11.9 m.

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

Cardiac & Bronchial Asthma Date of onset \_\_\_\_\_

Other contributory causes of importance: 9562

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) A. A. Rorrell, M. D.

(Address) Johnson 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.

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AOT 25 1935

