WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 26 1935

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

Do not use this space.

36212

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No.

City K. C. Mo. (No. 5025 Oakley St. Ward)

2. FULL NAME Jacob Rothacher

(a) Residence, No. 5025 Oakley 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: 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: Mrs. Mary Rothacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 9, 1863

7. AGE: YEARS 72 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

FATHER

13. NAME: Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. Mary Rothacher, 5025 Oakley

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Hill — DATE: Nov. 23, 1935

19. UNDERTAKER (ADDRESS): R. V. Lindse & Sons, 3811 Broadway

20. FILED 11-22, 1935 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby 10, 1935, to Nov 21, 1935

I last saw him alive on Nov 20, 1935. Death is said to have occurred on the date stated above, at 9:20 A.M.

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

	Date of onset
Chron. Myocarditis	1935 Feby
930	
Other contributory causes of importance: Acute Dilatation Heart	11/21/35

Name of operation — Date of

What test confirmed diagnosis? Symptoms — 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) J. E. Donaldson, M. D.

(Address) 1410 Bryant Bldg

Dr. Earl Donaldson
Bryant Bldg
11 a.m. to 3. P.M.