

NOV 26 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

36952

1. PLACE OF DEATH

County Platts
Township Rolla
City Rolla (No. St. Ward)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 115

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1903

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Nov. 5, 1935.
He was alive on Nov 4, 1935. Death is said to have occurred on the date stated above, at 4:25 Am.

7. AGE YEARS 32 MONTHS 8 DAYS 16 If LESS than 1 day, hrs. or min.

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

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

Sarcoma Cancer of the hip bone

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

Other contributory causes of importance: 3

12. BIRTHPLACE (CITY OR TOWN) Platts Co Mo (STATE OR COUNTRY)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

13. NAME Frederick Wiese

14. BIRTHPLACE (CITY OR TOWN) Platts Co Mo (STATE OR COUNTRY)

15. MAIDEN NAME Daisy Gaddy

16. BIRTHPLACE (CITY OR TOWN) Platts Co Mo (STATE OR COUNTRY)

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.

17. INFORMANT (ADDRESS) John P. Speck

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE Nov 7 35

Nature of injury

19. UNDERTAKER (ADDRESS) Harry R. ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) [Signature], M. D. (Address) Rolla Mo

20. FILED Nov. 7 1935 Gov. F. ... Registrar

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

