JAN 23 1936

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

Do not use this space.

39569

File No.

Registered No. 4710

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kow — Primary Registration District No. 1002

City Kansas City Mo (No. 3131 Grand St. Ward)

2. FULL NAME Henry C. Rohring

(a) Residence, No. 3131 Grand 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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1862

7. AGE — YEARS 73 — MONTHS 1 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Weston Mo.

FATHER

13. NAME John W Rohring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Sarah Helfrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Mo

17. INFORMANT (ADDRESS) Josephine L. Kelly 3131 Grand

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carrollton Mo DATE Dec. 11 1935

19. UNDERTAKER (ADDRESS) Willis Funeral Home Carrollton Mo.

20. FILED Dec 11 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1935, to Dec 11, 1935

I last saw him alive on Dec 11 1935. Death is said to have occurred on the date stated above, at 11:35 AM

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

Myocardial Degeneration

Mitral Insufficiency

Date of onset

Other contributory causes of importance:

Chronic Interstitial nephritis

Name of operation none Date of —

What test confirmed diagnosis? — 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

(Signed) E. P. Monahan, M.D.

(Address) 311 Argyle Bldg KC Mo

...ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.