

MAR 9 1936

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

Do not use this space.

5613

1. PLACE OF DEATH

County Franklin
Township Cross Timbers
Sub-township Cross Timbers No. 1

Registration District No. 361
Primary Registration District No. 5506

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Priscely Lucas Rorer

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs or _____ min.
80 5 11

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

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

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) Kentucky

13. NAME A. D. Rorer

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

15. MAIDEN NAME Margaret Wright

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

17. INFORMANT (ADDRESS) Josie Rorer
Cross Timbers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner DATE 7 7 1936

19. UNDERTAKER (ADDRESS) J. L. Lueker
Wheatland Mo

20. FILED Feb 17 1936 B. O. Peckel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1936

22. I HEREBY CERTIFY that I attended deceased from Jan. 16 1936 to Feb 5 1936

I last saw her alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 11:00 a m.

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

Influenza

Date of onset 2/1/36

Other contributory causes of importance: None myocardial

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Name of operation _____ Date of _____

What test confirmed diagnosis? Examination 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 _____, 1936

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) L. A. Hinkle, M. D.

(Address) Robona 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.

