

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.

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

Do not use this space.

MAR 24 1936

6963

1. PLACE OF DEATH

County New Madrid
Township Como
City (No.)

Registration District No. 605
Primary Registration District No. 4359

File No.
Registered No.
St. Ward)

2. FULL NAME

Willard Lawrence Rousey

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 0 0

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

13. NAME Charles Rousey

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

15. MAIDEN NAME Gertrude Croshaw

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

17. INFORMANT Charles Rousey (ADDRESS) Paris, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE Oct 5 1936

19. UNDERTAKER none (ADDRESS)

20. FILED 3/2 1936 Dr. Geo. W. Sustut Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1936

22. I HEREBY CERTIFY, That I attended deceased from I did not see patient 1936

I last saw h. alive on 1936 Death is said

to have occurred on the date stated above, at m.

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

Colitis Date of onset

Other contributory causes of importance Probably undiagnosed

Name of operation History Date of

What test confirmed diagnosis? History 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 Colitis

(Signed) Geo. W. Sustut M. D.

(Address) Paris, Mo

