MAR 24 1936

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

Do not use this space.

7022

1. PLACE OF DEATH

County: Nodaway — Registration District No.: 6251 — File No.:

Township: Rolk — Primary Registration District No.: 2031 — Registered No.: 14

City: Maryville Mo. (No. St Francis Hospital St. Ward)

2. FULL NAME: Zenas R. Rouse

(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 9 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: Mary C. Rouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-16-1887

7. AGE — YEARS: 47 — MONTHS: 1 — DAYS: 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Westborrough Mo.

FATHER

13. NAME: Floyd Rouse

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

MOTHER

15. MAIDEN NAME: Anna Osler

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

17. INFORMANT (ADDRESS): Mary C. Rouse Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Miriam Cem. DATE: 3-6-36, 19

19. UNDERTAKER (ADDRESS): Campbell Funeral Home Maryville Mo.

20. FILED: 2-12, 1936 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-4-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936 to Feb 4, 1936

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 4:20 A.m.

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

	Date of onset
Multiple Skull Fractures	
Pulmonary Hemorrhage	

Other contributory causes of importance:

Name of operation: ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-3, 1936

Where did injury occur? Near Bernard, Mo. Nodaway Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway #71

Manner of injury: Automobile Wreck

Nature of injury: Collided with another Automobile

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify: Delivering Papers

(Signed) W. R. Jackson, M. D.

(Address) Maryville, 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.