

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

Do not use this space.

MAR 24 1936

7274
5

1. PLACE OF DEATH

County Ralls Registration District No. 727
Township Salt River Primary Registration District No. 4433
City Perry (No. Perry Mo.) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Joshua Rosenstengel
(a) Residence, No. Perry Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 2-20-1936 to 2-24-1936
last saw him alive on 2-24-1936. Death is said to have occurred on the date stated above, at 7:05 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3, 1850

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 ~~83~~ 21

Influenza (intestinal)
11-5

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doer Run, Missouri

13. NAME Adam Rosenstengel

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

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

15. MAIDEN NAME Rehna Cauffman

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)

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

17. INFORMANT (ADDRESS) Errett Rosenstengel, Columbus Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE New London Mo DATE Feb 27, 1936

Manner of injury _____ Nature of injury _____

19. UNDERTAKER (ADDRESS) Clude C. Wilbey, Perry Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED Feb 27, 1936 Eric Roubek Registrar.

(Signed) W. E. Suter, M. D.
(Address) Perry 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.

