

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

Do not use this space.

AUG 15 1936

25635
City No. 948
Registered No. 948
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan
Township Washington
City St Joseph (No. 36 E Valley)

Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME

Rosa Setzer
(a) Residence, No. 36 E Valley St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1858

7. AGE YEARS 78 MONTHS 0 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawycr, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Centerville MO

FATHER 13. NAME Samuel Setzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn

MOTHER 15. MAIDEN NAME Mary H. Bentley

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

17. INFORMANT (ADDRESS) Rosanna McHenry St Joseph MO

18. BURIAL, CREMATION, OR REMOVAL Centerville Mo 7-29-36

19. UNDERTAKER (ADDRESS) Barry-Bylie 218 1/2 Ave

20. FILED 7/28 1936 H J Kestelack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1936

22. I HEREBY CERTIFY That I attended deceased from July 26 1936 to July 27 1936 last saw her alive on July 27 1936 Death is said to have occurred on the date stated above, at 8:25 P m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-26

Other contributory causes of importance: arterio Sclerosis

Name of operation NV 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? _____ 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? no
If so, specify _____

(Signed) Orville R. Roush M. D.
(Address) St Joseph 12th

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.

