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

SEP 23 1936

Do not use this space.

30732

1. PLACE OF DEATH
County Howell — Registration District No. 384
Township — Primary Registration District No. 4227
City West Plains (No. ..., ... St. ... Ward)

File No. ...
Registered No. ...

2. FULL NAME Rosetta French Bales

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1880

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
56	2	14	

OCCUPATION

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

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) Oregon County, Mo.

FATHER

13. NAME John French

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

MOTHER

15. MAIDEN NAME Elizabeth Pace

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

17. INFORMANT (ADDRESS) Clarence Bales St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn DATE Aug. 14, 1936

19. UNDERTAKER (ADDRESS) Robertsons' Mortuary West Plains, Mo.

20. FILED 8/14, 1936 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1936, to August 12, 1936

I last saw her alive on August 12, 1936 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

	Date of onset
Coronary Thrombosis	
12/36	

Other contributory causes of importance:

Acute Appendicitis	

Name of operation Appendectomy Date of 8-6-36

What test confirmed diagnosis? ... 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 ...

(Signed) H. Eddy M. D.
(Address) West Plains, Mo.