

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.

JAN 18 1937

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

Do not use this space.

43970

1. PLACE OF DEATH

County Callaway

Registration District No. 104

Township Fulton

Primary Registration District No. 3008

City Fulton (No.)

File No.

Registered No. 379

2. FULL NAME Silvian Franklin Rose

(a) Residence, No. St. Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 | 9 | 4

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer

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) OK 11. Total time (years) spent in this occupation OK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME M. M. Rose

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

15. MAIDEN NAME Lydia Whaley

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

17. INFANT (ADDRESS) 2 J. Rose Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenview Cemetery DATE Dec 18 1936

19. UNDERTAKER (ADDRESS) Geo. Whaley Fulton, Mo.

20. FILED Dec 17 1936 R. O. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/14/36 to 12/16/36, 19

I last saw h. im alive on 12/16/36, 19. Death is said to have occurred on the date stated above, at 12:45 A.M.

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

Pneumonia, lobar, bilateral. Following coronary thrombosis or embolism.

Other contributory causes of importance 100

Name of operation Date of
What test confirmed diagnosis? P.E. 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) Greene D. McCall M. D.
(Address) Fulton Mo.

