WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

JAN 27 1937

Do not use this space.

47456

1. PLACE OF DEATH

County Vernon — Registration District No. 880 — File No.

Township Walker — Primary Registration District No. 4533 — Registered No. 28

City Walker (No. ..., ..... St. ..... Ward)

2. FULL NAME Walter I. Rose

(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 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 Minnie Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1879

7. AGE: YEARS 57 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirbyville Mo

FATHER

13. NAME Wm Rose

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

MOTHER

15. MAIDEN NAME Irene Taber

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

17. INFORMANT (ADDRESS) Mrs Minnie Rose Walker Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tespwood DATE Dec 17 1936

19. UNDERTAKER (ADDRESS) Allen V. Hays Nevada Mo

20. FILED 2/15 1936 C. B. Davis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 14, 1936

I last saw him alive on Dec 14, 1936 Death is said to have occurred on the date stated above, at 730 P m.

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

Aortic Regurgitation — Date of onset

Other contributory causes of importance: Acute dilatation of heart following the days labor

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? ..... 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) C B Davis, M. D.

(Address) Walker Mo

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

JAN 27 1937

Do not use this space.

47456

File No.

Registered No. 28

1. PLACE OF DEATH
County: Warren
Township: Walton
City: Wallner
Registration District No. 8 8 0
Primary Registration District No. 4 0 - 9 3
Ole, ..., Ward, Ward(s)

2. FULL NAME ~~Evaston of Rose~~ Isaac Walter Rose

(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 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: Minnie Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26 - 1879

7. AGE: Years 57 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirbyville Mo

FATHER
13. NAME: Wm Rose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Ohio~~ Ohio

MOTHER
15. MAIDEN NAME: Inez Ebri
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Iowa~~ Virginia

17. INFORMANT (ADDRESS): Mrs Minnie Rose, Walton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edwards Cemetery DATE: Jan 19 1937
Kirbyville, Mo.

19. UNDERTAKER (ADDRESS): Allen V. Hays, Kirbyville Mo

20. FILED: Jan 19 1937 C. Bateman, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1936, to Dec 14 1936, I last saw him alive on Dec 14 1936. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Regurgitation | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Acute dilitation of heart following the days labor

Name of operation ... Date of ...
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? No
If so, specify
(Signed) C. B. Bateman, M. D.
(Address) Walton Mo

Items #2, 14, 16, 18 amended by affidavit of Daughter 9-18-90

Edwards Cemetery