

FEB 25 1937

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

Do not use this space.

135

1. PLACE OF DEATH
 County Benton Registration District No. 61
 Township Rindsey Primary Registration District No. 5097
 City (No. _____) St. _____ Ward _____

2. FULL NAME John Albert 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

MEDICAL CERTIFICATE OF DEATH

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 Anna Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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)

11. Total time (years) spent in this occupation

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

13. NAME John Albert Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen
Scotland

15. MAIDEN NAME Susan A. Black

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

17. INFORMANT (ADDRESS) Florence Rose
Harlow Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Pleasant DATE 1-20-1937

19. UNDERTAKER (ADDRESS) J. B. Colburn
Lincoln Mo.

20. FILED 1-20-1937 Jas. A. Logan
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 1937

I HEREBY CERTIFY That I attended deceased from June 13 1936 to January 17 1937
 I last saw him alive on January 17 1937. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma - Enteric (Probably began in Cecum) metastasized throughout abdominal viscera
 Date of onset Jan. 1936

Other contributory causes of importance:
Nephritis 6-1936
Cardiac hypertrophy 1925

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 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. E. Bennett, M. D.
 (Address) Lincoln Mo.

Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

