

APR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Montgomery  
Township Southern  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 594 575  
Primary Registration District No. 435-2

12721  
File No. \_\_\_\_\_  
Registered No. 5-24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rosalinda Daller  
(a) Residence, No. Phineland, Mo. R.F.D. Ward \_\_\_\_\_

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
11 8 12

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

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) Montgomery Co. Mo

13. NAME Henry Daller

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

15. MAIDEN NAME Mary Pattenbaum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo

17. INFORMANT (ADDRESS) Sam J. Pattenbaum  
Phineland, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stamberg DATE 3-3, 1937

19. UNDERTAKER (ADDRESS) Daller / Baker  
Amesbury Mo

20. FILED 3-2, 1937 Margaret Thompson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1937

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1937, to March 1, 1937.  
I last saw her alive on Feb. 24, 1937. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Intestinal obstruction  
Probably Tubercular  
Lymph Glands Enlargement

Date of onset  
2/18/37

Other contributory causes of importance:

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) H. Kessling, M. D.  
(Address) Herman, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

122 Br

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

Do not use this space.

**1. PLACE OF DEATH**

County Monroe  
Township South  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 594  
Primary Registration District No. 3288B

File No. 12721  
Registered No. ....

**2. FULL NAME** Rosalinda Waller

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

7. AGE YEARS 11 MONTHS 9 DAYS 17  
If LESS than 1 day, hrs. or 1/2 min.

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

**FATHER**  
13. NAME

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

**MOTHER**  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3-2 1937 Nana Lee Thompson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... , 19.....

I last saw him ..... alive on ..... , 19..... 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:

Intestinal Obstruction Date of onset

Probably Inhered on Lymph Nodes enlargement

Other contributory causes of importance:

Name of operation 29 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) F. J. Neesling , M. D.

(Address) 352 ...

SOUTH MISSOURI STATE BOARD OF HEALTH

PHYSICIANS SHOULD STATE EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

S-12721