

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

Do not use this space.

MAY 15 1937

15267

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Jackson

Primary Registration District No. 1002

City Lamar, Mo. (No. 7-C Gen Hosp)

File No. _____

Registered No. 1813

St. _____ Ward _____

2. FULL NAME Michael Rouse

(a) Residence, No. 609 E. 9th 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 m.

4. COLOR OR RACE w.

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) March 18, 1900

7. AGE

YEARS 36

MONTHS 0

DAYS 27

If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo

13. NAME John Rouse

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

15. MAIDEN NAME Florence Price

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

17. INFORMANT Reynold Clark (ADDRESS) 7-C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lamar, Mo. DATE 4-16-37

19. UNDERTAKER Quinn and Tobin (ADDRESS) 20 W. Broadway

20. FILED 5-16-37 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1937 to 4-15, 1937

I last saw him alive on 4-15, 1937. Death is said to have occurred on the date stated above, at 2:35 p.m.

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

Acute Thyroiditis
Generalized Sclerosis

Date of onset _____

Other contributory causes of importance: 168

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) P. F. De Maria, M. D.

(Address) Sup't 7-C Gen Hosp

