

MAY 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Barry

Registration District No.

30

Township

Cape Creek

Primary Registration District No.

5041

City

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

File No.

15604

Registered No.

21

## 2. FULL NAME

Katherine Mary Rostto

(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

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  
Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Peter Rostto

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

June 24 - 1857

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

79

9

27

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)  
Dont know

13. NAME

Samuel Rostto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Dont know15. MAIDEN NAME  
Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Dont know17. INFORMANT (ADDRESS)  
John Peter Rostto  
Pearce City, Mo18. BURIAL, CREMATION, OR REMOVAL  
Burial  
DATE April 21 - 193719. UNDERTAKER (ADDRESS)  
W. Marshall  
Pearce City, Mo

20. FILED 5-10-1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 19, 1937, to April 19, 1937

I last saw him alive on April 19, 1937. Death is said

to have occurred on the date stated above, at 2:00 p.m.

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

Chronic Hypocostitis 1937

Other contributory causes of importance:

Indigestion

Name of operation \_\_\_\_\_

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 \_\_\_\_\_, 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) E. D. McLaughlin

M. D.

(Address) Pearce City, Mo

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.

31  
31  
31

