

JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Shelby Registration District No. 677 File No. 20981
 Township Rolla Primary Registration District No. 4403 Registered No. 69
 City Rolla (No. 2) St. 2 Ward 1

2. FULL NAME

(a) Residence, No. Rolla, Mo. St. Ward. 1
 (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 ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND-OF (OR) WIFE OF O. W. Parsell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 5

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

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) Near Rolla, Mo

13. NAME John B. Ayres

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

15. MAIDEN NAME Millie Sutton

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

17. INFORMANT Louise Parsell

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE May 24, 1937

19. UNDERTAKER (ADDRESS) Fullerton, Rolla, Mo

20. FILED May 24, 1937 Joe F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1937, to 5-23, 1937

I last saw h.e.x. alive on 5-23, 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:

Diabetes mellitus
Hypertension
Senility.

Other contributory causes of importance: 59

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) E. E. Fain, M. D.

(Address) Box 50, Rolla, 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.

