

JUL 26 1937

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

Do not use this space.

23221

1. PLACE OF DEATH

County Buchanan, Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 2  
City St. Joseph, (No. 817 North 5th.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 706

2. FULL NAME Rosina Dubach,

(a) Residence, No. 817 North 5th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel A. Dubach,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
62 79 8 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,  
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) Unknown, Germany,

13. NAME Unknown,

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

15. MAIDEN NAME Unknown,

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

17. INFORMANT Miss Esther Dubach  
(ADDRESS) 817 No. 5th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Belmont Cem. DATE June 23 1937

19. UNDERTAKER Theaton, Belsale & Bowman  
(ADDRESS) 319 So. 10th. Street, Funeral Home

20. FILED June 23 1937 A. J. Nestlebusch  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937, to June 20, 1937  
I last saw him alive on June 20, 1937 Death is said to have occurred on the date stated above, at 6:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis  
Date of onset \_\_\_\_\_  
Arteriosclerosis  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Electro 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 3  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_ (Signed) A. J. Nestlebusch  
(Address) 209-10 N. 10th St. Bel.

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.

10  
20  
30

Dr. Lantz