AUG 18 1937

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

Do not use this space.

File No. 26513

Registered No. 138

1. PLACE OF DEATH

County: Adair — Registration District No.: 4

Township: — Primary Registration District No.: 3001

City: Kirksville (No. ..... St. ..... Ward)

2. FULL NAME: Ola May Rouse

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)

(Usual place of abode)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-5-1901

7. AGE: Years 36 Months 0 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, ~~as cotton sawyer~~, bookkeeper, etc.: House Wife

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.

FATHER

13. NAME: Jacob H. Stalley

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

MOTHER

15. MAIDEN NAME: Armenta Parmer

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

17. INFORMANT (ADDRESS): Delton Stalley 305 W Normal Kirksville

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Cox Cem DATE: July 11, 1937

19. UNDERTAKER (ADDRESS): F.O. Hurst & Son Unionville Mo

20. FILED: July 12, 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~June 29~~ July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937, to July 10, 1937

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 3:55 p.m.

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

	Date of onset
Angina Pectoris	
Chronic Nephritis	

Other contributory causes of importance: Chronic Renal disease and probably fatty infiltration of Cardiac muscle

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) W. H. Cosner M.D.

(Address) Kirksville 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD