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.

AUG 24 1937

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

Do not use this space.

File No. 27535

Registered No.

1. PLACE OF DEATH
County: Jasper
Registration District No. 416
Primary Registration District No. 4248
Township
City: Sarcoxie (No. , St. Ward)

2. FULL NAME: Samuel R. Rosebrough

(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 62 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*): Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Fannie Rosebrough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1852

7. AGE: Years 85 | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Martha Ramsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT: Mrs. W. A. Morrison
(ADDRESS) Sarcoxie, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sarcoxie Cem. DATE: 7-27 37

19. UNDERTAKER: Engelage Funeral Home
(ADDRESS) Sarcoxie, Mo

20. FILED: 7-26, 1937 Lory Simmons
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937, to July 24, 1937.
I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above, at 740P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| | |
| | |
| | |
| | |

BC

Other contributory causes of importance:
arteriosclerosis

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) N. B. York, M. D.
(Address) Sarcoxie Mo