AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Ste. Genevieve
Township: Jackson
City: (No. , St., Ward)

Registration District No. 780
Primary Registration District No. 6028

File No. 28269
Registered No. 37

2. FULL NAME: Anna Roth

(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: 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: Andrew Roth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 12 1850

7. AGE: Years 87 | Months 5 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Buffalo New York

FATHER
13. NAME: George Roth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Johanna Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Emma Roth
(ADDRESS): Jessey Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: French Village Mo DATE: July 17 1937

19. UNDERTAKER: Geo. L. Bauer
(ADDRESS): Ste. Genevieve Mo

20. FILED: July 16, 1937 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15 1937

22. I HEREBY CERTIFY That I attended deceased from June 15 1937 to July 15 1937
I last saw h.. alive on July 7 1937. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage	6-15-37
Other contributory causes of importance: Arterio Sclerosis	1934

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) Arthur E. Stefanich, M. D.
(Address) Ste Genevieve 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

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