

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No. 1)File No. 30089Registered No. 190

St. _____ Ward _____

2. FULL NAME Louise Rolley(a) Residence, No. 400 Lyons St., _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 17 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female4. COLOR OR RACE Wps5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (H) OR WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-1920

7. AGE

YEARS 17MONTHS 1DAYS 9

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) Columbia
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Samuel Rolley14. BIRTHPLACE (CITY OR TOWN) Columbia, Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Phaya Beeth16. BIRTHPLACE (CITY OR TOWN) Columbia, Mo.
(STATE OR COUNTRY)17. INFORMANT (ADDRESS) Phayal Beeth
Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE 8-18-193719. UNDERTAKER (ADDRESS) Shant P. Parker
Columbia Missouri20. FILED 8/18/37 Allie Selby
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 193722. I HEREBY CERTIFY, That attended deceased from Aug 9, 1937, to Aug 11, 1937I last saw her alive on Aug 11, 1937 Death is saidto have occurred on the date stated above, at 4 a.m.

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

Pneumonia
at home
8-9-37
8-10-37Other contributory causes of importance: 140

Name of operation _____ Date of _____

What test confirmed diagnosis? Blues Was there an autopsy? No23. 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) J. H. Barry M. D.(Address) Columbia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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