

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 CallawayTownship FulltonCity Fullton (No. \_\_\_\_\_)Registration District No. 104Primary Registration District No. 3008File No. 30280Registered No. 195

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George David Rose

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Rose</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>6</u>
		<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician and Electrician</u>		11. Total time (years) spent in this occupation <u>B.K.</u>
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) <u>B.K.</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME m. m. Rose14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Lillie Whaley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Mrs. Julia Rose Fullton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wheatland Cemetery DATE Aug. 6, 193719. UNDERTAKER (ADDRESS) Geo. S. L. L. L. L. Fullton, Mo.20. FILED Aug. 6, 1937 R. N. Crews Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 193722. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to Aug 5, 1937I last saw him alive on Aug 4, 1937 Death is saidto have occurred on the date stated above, at 1:15 a.m.

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

Acute Dilatation of HeartOther contributory causes of importance:  
Dilated Hypertension  
Glomerulonephritis  
General Anemia

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) W. H. Ferguson, M. D.(Address) Fullton, Mo.

92a

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

30280

Do not use this space.

1. PLACE OF DEATH

(a) County Calloway Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City Fulton (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. George D. Rose St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 24, 1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Acute dilatation of heart  
retinal Regurgitation  
Chromular nephritis Chron

Other contributory causes of importance:

General Anasarca

Name of operation..... B 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) A. D. Ferguson, M. D.

(Address) Fulton Mo

Jan 24, 1938

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