

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 33371
 Township Kan Primary Registration District No. 1007 Registered No. 2523
 City N. Charlotte (No. 3270 Charlotte) St. _____ Ward _____

2. FULL NAME

Dora C. Rose
 (a) Residence, No. 3270 Charlotte 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 Fe 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 Delando P. Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 3 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>10</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Indiana

FATHER 13. NAME J. P. Dunsen

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

MOTHER 15. MAIDEN NAME Mary Ellen Bailey

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

17. INFORMANT O. P. Rose
 (ADDRESS) 3270 Charlotte, Wis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Sept 22/37

19. UNDERTAKER Mrs. C. L. Gauster
 (ADDRESS) 918 Brooklyn, Wis

20. FILED Sept 21, 1937 M. M. Chron
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 21 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1937, to Sept 21, 1937
 I last saw her alive on Sept 20, 1937 Death is said to have occurred on the date stated above, at 5:30 AM
 The principal cause of death and related causes of importance were as follows:

Cirrhosis of the Liver Date of onset 18 months

124031

Other contributory causes of importance: _____
 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) A. C. Prang, M. D.
 (Address) 404 1/2 W 175 St N. C. Wis

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.

Jan 09 53

4011 W 95

503 24 74

11130A, N