

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 21 1937

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

Do not use this space.

34749

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 34749  
Township Marion Primary Registration District No. 3079 Registered No. 780  
City Hannibal (No. Severing Hospital) St. Mo. Ward         

2. FULL NAME

Eliza Virginia Rouse  
(a) Residence, No. 816 Lindell St.          Ward.           
(Usual place of abode)

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 widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>55</u>	<u>61</u>	<u>1</u>	<u>6</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. Home

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) Marion County Missouri

13. NAME Parthen Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

17. INFORMANT Mr F. C. Rouse  
(ADDRESS) 816 Lindell Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Olivet DATE Sept. 20, 1937

19. UNDERTAKER Chauffeur Smith  
(ADDRESS) 902 Brady Hannibal Mo

20. FILED 9-21-1937 J. C. Craker  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1937 to 9-18, 1937

I last saw her alive on 9-18, 1937. Death is said to have occurred on the date stated above, at 4:25 a.m.

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

Cerebral Hemorrhage Date of onset 9-18-37

Other contributory causes of importance: none known

Name of operation no 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?..... no..... 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. C. Craker, M. D.

(Address) Hannibal 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.

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