

NOV 16 1937

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

Do not use this space.

37415

1. PLACE OF DEATH

County..... *Chariton* Registration District No. *174*
 Township..... *Yellow Creek* Primary Registration District No. *4103*
 City..... *Rothville* (No.) St. Ward) (

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10/21*, 19*37*

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

22. I HEREBY CERTIFY that I attended deceased from *Oct 10th* 19*37*, to *Oct 21st* 19*37*

I last saw her alive on *Oct 21st*, 19*37* Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 12 - 1919*

to have occurred on the date stated above, at *11:45* p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 *7* *9*

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

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

Lobar Pneumonia

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Pleurisy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rothville MO*

Name of operation Date of
105

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

13. NAME *Chas. K. Allen*

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rothville MO*

Manner of injury

Nature of injury

15. MAIDEN NAME *Bertha Flippen*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *U. G. Buck*, M. D.

(Address) *Rothville, MO.*

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

17. INFORMANT (ADDRESS) *Mrs Frank Hamilton Rothville MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rothville* DATE *10/24* 19*37*

19. UNDERTAKER (ADDRESS) *T. L. Lippard, Milledgeville MO*

20. FILED *10/25* 1937 *Ed Strout* Registrar.

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

