

DEC 14 1937

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

Do not use this space.

40621

1. PLACE OF DEATH

County Ballinger Registration District No. 67
Township Laramie Primary Registration District No. 4039
City Near Marble Hill, Mo. No. 100 St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Albert J. Rothamel
(a) Residence, No. Near Marble Hill, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Rothamel22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937, to Nov 12, 1937I last saw him alive on Nov 12, 1937. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1872to have occurred on the date stated above, at 2: A.M.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 8 20Cerebral haemorrhage Date of onset July 19378. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyOther contributory causes of importance: Chronic nephritis13. NAME Not known

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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.

15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mrs. Martha Rothamel, Marble Hill, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Chapel DATE Nov 17, 1937

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) L. J. Morgan, Advance, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. Banagan M. D.20. FILED 11-27-1937 Em. E. A. Sanders Registrar.(Address) Marble Hill, Mo.By: Miss H. D. Reynolds

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

