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

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.

DEC 23 1937

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

Do not use this space.

42009

1. PLACE OF DEATH
County Newton — Registration District No. 614 — File No. 2
Township — Primary Registration District No. 4555 — Registered No. 37
City Granby (No. , St. Ward)

2. FULL NAME McClane Ford Rolens

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ida E. Rolens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
13	82	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MD
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MD
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

FATHER
13. NAME Wm F. Rolens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Elizabeth McGowan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) L E Rolens Granby Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Dixon Mo DATE Nov 21, 1937

19. UNDERTAKER (ADDRESS) James Neetman Granby Mo

20. FILED Nov 19, 1937 L E Rolens
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1936, to Nov. 18, 1937
I last saw him alive on Nov 18, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myasthenia Gravis	2 yrs
Hypotension	3 or 4 yrs

Other contributory causes of importance:

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) L E Rolens, M. D.
(Address) Granby Mo