

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Christian
Township ~~Highway~~
City Ozark, Mo. (No., St. Ward)

Registration District No. 184
Primary Registration District No. 4110

File No. 45067
Registered No. 42

2. FULL NAME James W. Rozell

(a) Residence, No. Chadwick, Mo. St. Ward.

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Husband of Melissa Rozell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Circle County, Ark.

FATHER 13. NAME Steve J. Rozell 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

MOTHER 15. MAIDEN NAME Mary Sagley 1

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

17. INFORMANT (ADDRESS) Mrs. Melissa Rozell Chadwick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chadwick DATE Dec. 29, 1937

19. UNDERTAKER (ADDRESS) B. C. Klepper Ozark, Mo.

20. FILED Jan 18 1938 Walter Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937, to Dec 27, 1937. I last saw him alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 7:27 am. The principal cause of death and related causes of importance were as follows:

Chronic Nephritis with Cardiovascular involvement

Date of onset about 1934

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? urinal 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) H. R. Farthing, M. D. (Address) Ozark, 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.

