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.

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

Do not use this space.

2587

1. PLACE OF DEATH
County Davies — Registration District No. 255 — File No. 2587
Township [redacted] — Primary Registration District No. 4155 — Registered No.
City Winston (No. ..... St. ..... Ward)

2. FULL NAME John M. Rommel 540
(a) Residence, No. Winston St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1856
7. AGE: YEARS 81 — MONTHS 10 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. 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. retired
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) Hocking Co. Ohio

FATHER
13. NAME John G. Rommel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Roseann Oswald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) W. H. Rommel Cameron Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Packard Cem. DATE Jan. 19 1938
19. UNDERTAKER (ADDRESS) Lyle C. Aleen Cameron Mo.
20. FILED Jan 18 1938 F. K. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Jan 18, 1938
I last saw him alive on Jan 17, 1938. Death is said to have occurred on the date stated above, at 12:10 A.m.
The principal cause of death and related causes of importance were as follows:

chronic myocarditis
chronic nephritis
cardiac asthma

Date of onset: unknown from history 10 yrs.

Other contributory causes of importance: Senility

Name of operation none Date of
What test confirmed diagnosis? Clinical 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

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24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred K. Wilson, M. D.
(Address) Winston Mo.