

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

Do not use this space.

27

2716

1. PLACE OF DEATH  
 County Desha Registration District No. 305  
 Township Carson Primary Registration District No. 4757  
 City Owensville (No. 4757) St. H Ward

2. FULL NAME William Eugene Rose 2.00  
 (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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
9 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) Owensville (STATE OR COUNTRY) Missouri

13. NAME William Rose

14. BIRTHPLACE (CITY OR TOWN) Rosebud (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Agnes Bullington

16. BIRTHPLACE (CITY OR TOWN) Oak Hill (STATE OR COUNTRY) Missouri

17. INFORMANT William Rose (ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE Jan 10, 1938

19. UNDERTAKER H. J. Gattenstetter (ADDRESS) Owensville Mo.

20. FILED 1-15-38 J. F. Ferrell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 2, 1938, to Jan 8, 1938  
 I last saw him alive on Jan 8, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Broucho Pneumonia  
following Influenza  
 Other contributory causes of importance:  
Influenza

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) Joseph W. Mills, M. D.  
 (Address) Owensville 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.

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RECEIVED

FEB 24 1938

BUREAU OF VETERANS  
MO. ST. LOUIS