

REC'D APR 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Wage*  
Township *Benton*  
City..... (No. .... St. .... Ward)

Registration District No. *6395848*  
Primary Registration District No. *4988*

File No. *116594*  
Registered No. ....

2. FULL NAME

*Rosina Trachsel* 624  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. *40* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-21-1861*

7. AGE YEARS *76* MONTHS *6* DAYS *21* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*  
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) *Switzerland* 7

13. NAME *Christon Wenger* 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland* 7

15. MAIDEN NAME *Anna Hoffmann* 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland* 7

17. INFORMANT (ADDRESS) *Fritz Trachsel*  
*Chamon, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Evans Cemetery* DATE *Mar 14* 1938

19. UNDERTAKER (ADDRESS) *W. T. Stocksick*  
*Chamon, Mo*

20. FILED *Mar 12* 1938 *Arthur Souder*  
*Alvina Souder* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 12* 1938

22. I HEREBY CERTIFY, That I attended deceased from *Feb 15* 1938 to *March 12* 1938.

I last saw him alive on *March 12* 1938. Death is said to have occurred on the date stated above, at *4-20 a.m.*

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

Other contributory causes of importance:  
*hypertension*

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) *W. H. Bourley* M. D.

(Address) *Chamon, Mo*

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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.

Keep.

