

REC'D JUL 14 1938

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

Do not use this space.

21223

1. PLACE OF DEATH

County Atchison Registration District No. 19 File No. _____
Township Benford Primary Registration District No. 5024 Registered No. _____
City Langdon (No. _____) St. _____ Ward _____

2. FULL NAME

Josephine Christine Roje 200
(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 Female 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 Henry P. W. Roje

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Data 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) mo 0

13. NAME F. A. Shierholz 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Summers

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

17. INFORMANT Henry P. W. Roje
(ADDRESS) Langdon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunter's Cemetery DATE June 20, 1938

19. UNDERTAKER E. S. Clifton
(ADDRESS) Rock Port, Mo.

20. FILED June 18, 1938 Mary E. Chamberlain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938

I HEREBY CERTIFY That I attended deceased from May 1 1938 to June 18 1938

I last saw her alive on June 18 1938 Death is said to have occurred on the date stated above, at 9a m.

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

Coronary Thrombosis Date of onset _____

6612-

Other contributory causes of importance:

Hypertension

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) Thas. J. Seettle M. D.

16 (Address) Rock Port, 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.

