

1938 OCT 26

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

Do not use this space.

33074

1. PLACE OF DEATH

County Polk
Township Johnson
City Hannibal (No. _____ St. _____ Ward _____)

Registration District No. 703
Primary Registration District No. 4424

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Eleanor Roselle 240
(a) Residence, No. _____ Hannibal St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Roselle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lebanian
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 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Missouri

FATHER 13. NAME James D. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn.

MOTHER 15. MAIDEN NAME Mary M. Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Mo.

17. INFORMANT Miss Rose Smith (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hempville, Mo. DATE Sept 19, 1938

19. UNDERTAKER (ADDRESS) Joseph H. Firestone Hannibal, Mo.

20. FILED Sept 26, 1938 Ora M. Rich Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938, to Sept 16, 1938. I last saw her alive on Sept 16, 1938. Death is said to have occurred on the date stated above, at 7:30 m. The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 9-12-38

Other contributory causes of importance: Influenza
Pulmonary congestion

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? _____
Also, specify _____
(Signed) Thoris Berk, M. D.
Hannibal, Mo. (Address)

RECEIVED

District Health Officer No. 7,

District File Number 7-38-223

Date Filed 10-11-38