REG'D NOV 21 1938

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

Do not use this space.

File No. 35595

Registered No.

1. PLACE OF DEATH
County: Dunklin
Township: Buffalo 1
City: (No. , St. , Ward)
Registration District No. 283
Primary Registration District No. 5402

2. FULL NAME: Rosa Lee Mize

(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: 70 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: John A. Mize

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1 1882

7. AGE: Years 56 | Months 3 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. 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): Kentucky

FATHER
13. NAME: Bob Galloway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Do not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT: A. A. Mize
(ADDRESS): Senath Rt 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Macey DATE: Sept 9 1938

19. UNDERTAKER: A. J. Emerson
(ADDRESS): Gardenville Ark

20. FILED 11-4 1938 C. A. Emerson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1938 to Sept 8 1938
I last saw her alive on Sept 8 1938. Death is said to have occurred on the date stated above, at 11A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Pulmonary Tuberculosis	Dec 1937

Other contributory causes of importance:
Secondary Anemia

Name of operation: Laboratory Date of:
What test confirmed diagnosis? 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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. Ray Trueck, M. D.
(Address) Edmondson

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.