

550 MAR 16 1939

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

Do not use this space.

6999

30

1. PLACE OF DEATH

54 County Ladayette 2
Township Ladayette 1
City Ladayette (No.) St. Ward)

Registration District No. 461
Primary Registration District No. 3024

File No.
Registered No.

2. FULL NAME

William Thomas Rosewall

(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 ma 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. coal mines
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) Ladayette, Mo
(STATE OR COUNTRY)

FATHER 13. NAME John Rosewall

14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Lambert

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

17. INFORMANT Mrs. August Gauss
(ADDRESS) Ladayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ladayette, Mo DATE Feb 26 1939

19. UNDERTAKER Winkler
(ADDRESS) Ladayette, Mo

20. FILED Mar 7 1939 Delia Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to Feb 22 1939

I last saw him alive on Feb 18 1939 Death is said to have occurred on the date stated above, at..... m.

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

Coronary occlusion
34

Other contributory causes of importance:
Syphilitic Aortitis
Aortic Aneurysm

Name of operation Date of
What test confirmed diagnosis? Past 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) R. H. Brasler M. D.
(Address) Ladayette, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X7044

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *3/9/39*