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.

MAY 22 1939

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

Do not use this space.

File No. 15699

Registered No. 6

1. PLACE OF DEATH
County: Osage — Registration District No. 640
Township: Beaton Crawford — Primary Registration District No. 5849
City: Linn (No. 415 St. Ward)

2. FULL NAME: Chas. Rolefing

(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. 24 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Anna Rolefing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 16 1876

7. AGE: Years 63 — Months 8 — Days 17 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): 1934
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Koenig Mo.

FATHER
13. NAME: Edward Rolefing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Louise Becker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Elmer Rolefing St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Koenig DATE: April 5 1939

19. UNDERTAKER (ADDRESS): Seaton Pettit Linn Mo

20. FILED April 5 1939 Mrs Dora Jett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-3-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-38, 19, to 4-3-39, 19
I last saw h. alive on 4-3-39, 19. Death is said to have occurred on the date stated above, at 1 3/4 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Chr. |
| AHD | |
| Other contributory causes of importance: | |
| Gastric Ulcer | Chr. |
| Myocarditis | Chr. |

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) H. C. Hume M.D., M. D.
(Address) Linn Mo.