

FILED MAR 19 1941

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

Do not use this space.

7923

1. PLACE OF DEATH

County Ralls Registration District No. 726 File No. 97  
Township Laverton Primary Registration District No. D-9-B-8 Registered No. 3  
City Clasco (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William Thomas Rouse  
(a) Residence, No. R.F.D. #3 Hannibal Ward 0  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Viola Harris Rouse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3, 1851</u>		
7. AGE <u>89</u>	YEARS <u>9</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation _____
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) _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Florence Kentucky</u>
	13. NAME <u>William Columbus Rouse</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(Do not know)</u>
	15. MAIDEN NAME <u>Frances Floyd</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(Do not know)</u>
	17. INFORMANT (ADDRESS) <u>Viola Rouse R.F.D. #3 Hannibal</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riverside Cemetery, Jan. 31, 1941</u>	
19. UNDERTAKER (ADDRESS) <u>W. P. Schwartz Hannibal Mo</u>	
20. FILED <u>2-3-41</u> 19 <u>Blanchette Mearns</u> Registrar. <u>652</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1941

22. I HEREBY CERTIFY That I attended deceased from Dec 21, 1940 to Jan 29, 1941  
I last saw him alive on Jan 24, 1941 Death is said to have occurred on the date stated above, at 3:50 A.M.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis  
Old age  
Other contributory causes of importance:  
Fatigue indigestion

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? No  
If so, specify \_\_\_\_\_  
(Signed) W. J. Walters D. M. D.  
Address New London 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.

RECORD WITH UPDATING INFORMATION—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-41-490

Date Filed MAR 8 1941