

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

Do not use this space.

1053

1. PLACE OF DEATH

County Henry
Township Waverly
City _____ (Name)

Registration District No. 355
Primary Registration District No. 5498

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Rose Linda Dumelle
(a) Residence. No. Walton St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) 2

10. NAME OF FATHER Ben Groush

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

12. MAIDEN NAME OF MOTHER May Bender

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana (STATE OR COUNTRY) 2

14. INFORMANT Lee Dumelle (Address) Montrose Mo

15. FILED Jan 28, 1931 J. Miller REGISTRAR W. P. Aggarly

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22, 1931

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1931, to Jan. 22, 1931, that I last saw him alive on Jan. 25, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

19 10 10 10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Asthma
Several years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) J. Miller, M. D.

1/23, 1931 (Address) Montrose Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montrose Catholic Cem DATE OF BURIAL Jan 24, 1931

20. UNDERTAKER Welling Bros ADDRESS Montrose

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.

PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH

PARENTS

61 133

(31)

