

350 18 1935

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Taylor
City F. W. Roll

Registration District No. 944
Primary Registration District No. 5438
(No. Route #3 Rogersville, Mo.)

File No. 35832
Registered No. R.B.
Ward

2. FULL NAME

(a) Residence, No. Route #3 Rogersville, Mo.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 0 15

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME Peter Roll

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

15. MAIDEN NAME Elizabeth Wenger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Mrs. Cora Albee
(ADDRESS) Rogersville, Mo. Route #3

18. BURIAL, CREMATION, OR REMOVAL California, Mo DATE 11-5 1935

19. UNDERTAKER German Lohmeyer
(ADDRESS) Springfield, Mo.

20. FILED Dec. 6 1935 Clayton Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/3 1935

22. I HEREBY CERTIFY, That I attended deceased from

dead, 1935, to 11-3, 1935. Death is said

to have occurred on the date stated above, at 8 P. m.

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

Pneumonia (bronchial)

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? Necropsy Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

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? W

If so, specify _____

(Signed) Clayton Anderson, M. D.

(Address) Springfield, 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.

No Medical Attendance

