

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

Do not use this space.

1834

1. PLACE OF DEATH  
 68 County Monteau Registration District No. 571  
 1 Township Walker Primary Registration District No. 4335  
 2 City California Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William J. Rohrbach  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**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 Lucy Rohrbach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
54 | 4 | 22

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Trainer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co. Missouri

10. NAME OF FATHER Chris. Rohrbach

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

12. MAIDEN NAME OF MOTHER Elyzabeth Rohrbach

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

14. INFORMANT Walter E. Rohrbach  
 (Address) California Mo.

15. FILE NO. Jan 30 1932 REGISTRAR James W. Roth

**MEDICAL CERTIFICATE OF DEATH**

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Jan 30, 1932, that I last saw him alive on Jan 30, 1932, and that death occurred, on the date stated above, at 2.00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic apoplexy ruptured.  
13.18  
12.15 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Chronic myocarditis  
430 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF BIRTH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) J. L. Latham M.D. M. D.  
1/30 1932 (Address) California 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 Rohrbach Cemetery DATE OF BURIAL Feb 1 1932

20. UNDERTAKER W. Wilson & Son ADDRESS California

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.

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UNIT 5 - 1970  
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