

1934 28 28 1934

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Jefferson
City California (No. 1)

Registration District No. 571
Primary Registration District No. 9335

File No. 25596
Registered No. 87
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Clara Roth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1879
7. AGE YEARS 55 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) California Mo.

13. NAME James Roth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Born New York
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Fredrick S. Roth
(ADDRESS) Jefferson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE California Mo. DATE July 26 1934

19. UNDERTAKER Louis E. Smith
(ADDRESS) Jefferson Mo.

20. FILED 7-19-1934 H.R. Kopejoy
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

I HEREBY CERTIFY That I attended deceased from July 19 1934 to July 19 1934

I last saw him alive on June 19 1934 Death is said to have occurred on the date stated above, at 3:30 pm.

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

Acute Gangrenous appendicitis Date of onset _____

Other contributory causes of importance: 12/1/13 12/1/13

Name of operation Appendectomy Date of 7-19-34

What test confirmed diagnosis? _____ 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? _____

If so, specify L. E. Latham M. D.

(Signed) L. E. Latham (Address) California Mo.

