

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

Do not use this space.

13372

1. PLACE OF DEATH

County Moniteau
Township Walker
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(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

Margaret Roth

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

June 26 1848

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

81

9

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Carnage Maker

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Atlantic Ocean

(STATE OR COUNTRY)

en route from Switzerland to Pennsylvania

10. NAME OF FATHER

Benjamin Roth

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Berne

(STATE OR COUNTRY)

Switzerland

12. MAIDEN NAME OF MOTHER

Catherine Heller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Berne

(STATE OR COUNTRY)

Switzerland

14.

INFORMANT
(Address)

James Roth
California

15.

FILED April 1, 1930

James Roth
California

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr. 10 1930

17.

I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1930, to Apr. 10, 1930 that I last saw him alive on Apr. 10, 1930, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Encephalitis
822

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Burr, M. D.

4/11, 1930 (Address) Quefamine, 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

DATE OF BURIAL

Marion's home April 10 1930

20. UNDERTAKER

ADDRESS

J. W. M. & Son 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.

