

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.

MAY 27 1930

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

Do not use this space.

13374

1. PLACE OF DEATH

County Moniteau  
Township Wabers  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 5769

File No. \_\_\_\_\_  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ruby Rhine Rohrbach

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Mar 23 - 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

1

10

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

Moniteau Co

(STATE OR COUNTRY)

10. NAME OF FATHER

Emmet Rohrbach

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Moniteau Co

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ruth Jenkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Moniteau Co

(STATE OR COUNTRY)

14.

INFORMANT

Emmet Rohrbach  
California, Mo

15.

FILED

April 4, 1930  
Jas. W. Roth

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 3 19 30

17.

I HEREBY CERTIFY, That I attended deceased from March 28, 1930, to Apr 3, 1930 that I last saw him alive on Apr 2, 1930 and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
77A  
10X 0 0 0 (duration) yrs. mos. ds.

CONTRIBUTORY Henoch's Purpura (SECONDARY)

(duration) yrs. mos. ds.

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. P. Burke Jr., M. D.

4/4, 1930 (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

DATE OF BURIAL

Lappington Cemetery

4-4 19 30

20. UNDERTAKER

ADDRESS

Williams & Friedman

California

