

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.

OCT 20 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

30309

## 1. PLACE OF DEATH

County Monroe  
 Township W. 1 S. 1 E.  
 City Waverly (No. 115)

Registration District No. 671  
 Primary Registration District No. 5769

File No. 55  
 Registered No. 55  
 St. Mo. Ward 1

## 2. FULL NAME

(a) Residence, No. 115  
 (Usual place of abode)

St. Mo. Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

23

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 5 25

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 John Rohrbaach

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

15. MAIDEN NAME Anna Rohrbaach

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

17. INFORMANT Ewert Rohrbaach  
 (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER William H. Friedmeyer  
 (ADDRESS) California Mo

20. FILED 9-26-1933 H. R. Poffey Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-13-1933 to 9-25-1933

I last saw him alive on 9-22-1933. Death is said

to have occurred on the date stated above, at 3 A. m.

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

Is suddenly fell down  
fracturing right hip  
causing death  
to be causing death  
1860  
162  
1860  
14

Other contributory causes of importance:

Name of operation Ray Physical Date of 11  
 What test confirmed diagnosis? Ray Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 9-12-1933

Where did injury occur? has none

(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

(Signed)

(Address)

M. D.

