

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

Do not use this space.

1966

**1. PLACE OF DEATH**

County Moniteau  
Township Volcan  
City Volcan (No.       )

Registration District No. 571  
Primary Registration District No. 5769

File No.         
Registered No. 5  
St.        Ward       

**2. FULL NAME**

Rosetta Dalstine

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
99 10 1

**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)**

(STATE OR COUNTRY) Kansas

**10. NAME OF FATHER**

Heidel

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

Dalstine

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**14.**

INFORMANT Mrs. Clara Beck  
(Address) Esage City, Mo.

**15.**

FILED Jan 14 1930 Volcan  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1930, to Jan 11, 1930.  
that last saw her alive on Jan 11, 1930, and that death occurred, on the date stated above, at 8:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Strangulated Hernia

122A

(duration) yrs. mos. da. 6

CONTRIBUTORY (SECONDARY) Inguinal Hernia

(duration) 10 yrs. — mos. — da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF       

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) Mrs. O. Osien, M. D.

Jan 14, 1930 (Address) Center town, 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**

St. Luke's Cemetery Jan 15 1930

**20. UNDERTAKER**

**ADDRESS**

Wm. & Son Californ

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.

