

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

Do not use this space.

29362

1. PLACE OF DEATH

County Saline
Township
City Marshall

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 124
St. _____ Ward _____

2. FULL NAME

Ethel May Roscher

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 159

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Virgil A. Roscher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

12. MAIDEN NAME OF MOTHER Georgia M. Trieben

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

14. INFORMANT Virgil Roscher
(Address) Marshall Mo.

15. FILED 8-4-28 1928 Mrs. John H. McInire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3- 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 3, 1928, to _____, 19____ that I last saw _____ alive on Aug 3, 1928, and that death occurred, on the date stated above, at 5 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Gestation 4 1/2 to 5 months
159

CONTRIBUTORY (SECONDARY)

161A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. S. Hansen, M. D.

8-3-1928 (Address) Marshall 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

Fair View Cem 8-4 1928

20. UNDERTAKER Sweet Springs Mo ADDRESS Virgil Roscher Marshall

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.

