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

Do not use this space.

7099

1. PLACE OF DEATH
County: Lawrence
Township: Spring River
City: ..... (No. ..... St. ..... Ward)
Registration District No. 475
Primary Registration District No. 5639
File No. 1/5
Registered No. 7-11

2. FULL NAME: Marie Roesslet
(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 12 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22 1845

7. AGE: YEARS 84 | MONTHS | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Berne
(STATE OR COUNTRY): Switzerland

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Elizabeth Dellenbach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Switzerland

14. INFORMANT: Ed Roesslet
(Address): Verona R.D. 1

15. FILED 2/3, 1929 J Neil Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 3 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/31, 1929, to 2/3, 1929 that I last saw her alive on 1/18, 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of neck of femur
1943
1947
1937
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Old age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J Neil Smith, M.D.
2/4, 1929 (Address) Verona, 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: Hoberg Mo
DATE OF BURIAL: 2/5 1929

20. UNDERTAKER: Mr Knobe
ADDRESS: Freestall Mo

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.

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