

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

Do not use this space.

31418

1. PLACE OF DEATH

County Marion Registration District No. 594
Township Lanes Primary Registration District No. 43
City (No. 5788) St. _____ Ward _____

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME Hilary George Von Roosen

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>(write the word)</i> <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 30, 1929</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>4</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Infant</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>McKittick R.F.D., Mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Walter Von Roosen</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Rhineclaud Mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Bagley</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>McKittick Mo</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Walter Van Roosen</u> (Address) <u>McKittick Mo</u>		
15. FILED <u>9-3</u> 19 <u>29</u> <u>O.R. Ranschelbach</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Aug 30, 1929 to Sept 3, 1929 that I first saw him alive on Sept 3, 1929, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurely Born

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
(Signed) G. B. Nichols, M. D.
4-3, 1929 (Address) Rhineclaud 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 <u>Stackenburg Mo</u>	DATE OF BURIAL <u>9-4</u> 19 <u>29</u>
20. UNDERTAKER <u>B. S. Baker</u>	ADDRESS <u>Amurieux</u>

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. PLAINLY, WITH UNFADING INK—THIS IS A

