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

Do not use this space.

42716

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12503

City St Louis (No. 2805, Cass Ave St. ..... Ward)

2. FULL NAME Nellie Irene Rohlfing

(a) Residence. No. 2805 Cass. St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of William Rohlfing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 1901

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28.	11	27.	

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) Moberly
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER W.R.Harrison

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

12. MAIDEN NAME OF MOTHER Grace VanNoy

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

14. INFORMANT Wm Rohlfing
(Address) 2805. Cass Ave.

15. FILED DEC 24 1929 Max C Hankey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22. 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1929, to Dec 22, 1929 that I last saw her alive on Dec 21, 1929, and that death occurred, on the date stated above, at 5.45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
233
25 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculous Enteritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & sputum
(Signed) A. L. Gallant, M. D.
12-22 1929 (Address) 814 Missouri Bldg.

*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
Old St Mathews	12-26 1929
20. UNDERTAKER	ADDRESS
M Laughlin	1631 Missouri

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.