

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

Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

8. PLACE OF DEATH  
 4 County Letts Registration District No. 665 File No. 2200  
 Township Sedalia Primary Registration District No. 3032 Registered No. 19  
 (City or Town) Sedalia (No.     ) St.      Ward     

2. FULL NAME Mrs. M. Rott  
 (a) Residence. No. 1916 West 3 St. 1 Ward       
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband, Mary Rott.  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 14 - 1890  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40 0 0  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Railroad.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Foreman  
 (c) Name of employer Mo. Pac.  
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo  
 10. NAME OF FATHER Geo Rott  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) San Francisco Wis  
 12. MAIDEN NAME OF MOTHER Mary Morgan  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/14 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 1/14 1930, to 1/14 1930, and that I last saw him alive on 1/14 1930 and that death occurred, on the date stated above, at 11/2 p.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accident - killed by locomotive engine in Sedalia, Mo.  
 CONTRIBUTORY (SECONDARY) no automobile involved  
 18. WHERE WAS DISEASE CONTRACTED       
 IF NOT AT PLACE OF DEATH:       
 Did an operation precede death?      DATE OF       
 WAS THERE AN AUTOPSY?       
 WHAT TEST CONFIRMED DIAGNOSIS:       
 (Signed) J. P. Dyer, M. D.  
1/16 1930 (Address) Sedalia 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 Sedalia Mo DATE OF BURIAL Jan 16 1930  
 20. UNDERTAKER M. K. Laughlin Bros ADDRESS Sedalia

11. INFORMANT George W. Robb  
 (Address) 1609 S. Barrett ave.  
 15. FILED 1-17-30 J. P. Love REGISTRAR

