MAR 25 1930

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

Do not use this space.

4759

1. PLACE OF DEATH

County: Henry — Registration District No. 349 — File No.

Township: Tebo — Primary Registration District No. 5487 — Registered No. 9

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Molley E Rose

(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 60 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ wife: John Rose

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 6 - 1848

7. AGE: Years 81 — Months 9 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): North Carolina

PARENTS

10. NAME OF FATHER: John W Rose

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Susan Wyatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): North Carolina

14. INFORMANT: Mrs. Troy Davis
(Address): Calhoun, Mo.

15. FILED Feb 9 1930. Mrs. A. A. Gray, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1930, to Feb 6, 1930, that I last saw her alive on Feb 6, 1930, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
10 hrs
..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): 10 hrs
..... (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? —

(Signed) T. A. Blackmore, M. D
2-8, 1930 (Address) Windsor, 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: Lutin Cemetery — DATE OF BURIAL: Feb 9 1930

20. UNDERTAKER: J. A. Housey — ADDRESS: Calhoun 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.