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.

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

Do not use this space.

23710

1. PLACE OF DEATH
County Nodaway
Township Hughes
City .... (No. .... St. .... Ward)

Registration District No. 622
Primary Registration District No. 5824

File No. ....
Registered No. 7

2. FULL NAME John W Rosenbohm Jr

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

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 27 1929

7. AGE: Years — ; Months 9 ; Days 15 ; If LESS than 1 day, ... hrs. or .... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ....
(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) Nod. Co Mo

PARENTS

10. NAME OF FATHER Jno W Rosenbohm
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Rock Port Mo
12. MAIDEN NAME OF MOTHER Maliah Staley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rock Port Mo

14. INFORMANT Jno W Rosenbohm
(Address) Graham Mo

15. FILED 7-14-1930 W. M. Rhoades M.D. REGISTRAR

Aug 10-30 C. P. Fryer

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1930, to July 12, 1930, that I last saw him alive on July 9th, 19..., and that death occurred, on the date stated above, at 4 P m.

119B 71B 158

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus with Anemia

(duration) ... yrs. 1 mos. 12 ds.

CONTRIBUTORY (SECONDARY) Entero colitis

(duration) ... yrs. 2 mos. ... ds.

113 B

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? Symptoms & Laboratory

(Signed) C. V. Martin, M. D.

........, 19 ... (Address) Maryville, 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: Rock Port Mo
DATE OF BURIAL: July 14 1930

20. UNDERTAKER: Price Fur Co.
ADDRESS: Maryville