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

Do not use this space.

1. PLACE OF DEATH
10 County Boone — Registration District No. 73 — File No. 13177
3 Township — Primary Registration District No. 3006 — Registered No. 89
City Columbia (No. ..... St. ..... Ward)
8

2. FULL NAME Miss Louise Rochford
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28 - 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	11	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School teacher.
(b) General nature of industry, business, or establishment in which employed (or employer) 215
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Lorance Rochford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 15
(STATE OR COUNTRY) Ireland.
12. MAIDEN NAME OF MOTHER Ella Maddin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland.
(STATE OR COUNTRY)

14. INFORMANT Julia Rochford.
(Address) Columbia Mo.

15. FILED 4/16/1931 F. C. Suggett REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 13 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1930, to April 13, 1931 that I last saw her alive on April 13, 1931, and that death occurred, on the date stated above, at 6-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain Tumor
536 (duration) ..... yrs. 8 mos. 13 ds.

CONTRIBUTORY (SECONDARY) ..... (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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. R. Sharpe, M. D.
4/16, 1931, (Address) Columbia 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	DATE OF BURIAL
Columbia Cemetary	4-16 1931
20. UNDERTAKER	ADDRESS
Tom McHarg	Columbia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
...very item of information should be carefully ... ld be stated EXACTLY. PHYSICIANS should state
MAY 21 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 89
City Columbia (No. ... St. ... Ward)

2. FULL NAME Louise Rockford
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

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

7. AGE — YEARS — MONTHS — DAYS — 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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 6/20/1931 F. C. Suggett by Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13-1931

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain tumor
Malignant

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

CONTRIBUTORY
(SECONDARY)
... (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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ..., M. D.
, 19 (Address)

*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 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

530

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... DEATH in plain terms, so that it may be ... exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-13177