

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

Do not use this space.

8051

1. PLACE OF DEATH
 39 County Greene Registration District No. 317
 Township Brookline Primary Registration District No. 5441
 City (No. St. Ward)

2. FULL NAME Oliver Rouddebush
 (a) Residence, No. Hammons Lane S. Brookline Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Marshall Rouddebush</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u> DAYS <u>20</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>51 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Hardenburg</u> (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>Samuel Gilman Spencer</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Jimmings</u> (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Conway</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Jimmings</u> (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT <u>Charles Rouddebush</u> (ADDRESS) <u>Brookline Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waverly</u> DATE <u>3/2</u>		
19. UNDERTAKER <u>W. E. Burman</u> (ADDRESS) <u>Brookline Mo</u>		
20. FILED <u>3/2</u> 19 <u>32</u> <u>J. W. Shover</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-1931 to Mar 1-1932
 I last saw him alive on Feb-29-1932. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of face Date of onset 1912

52
 Other contributory causes of importance: (1)

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) E. M. LeCompte, M. D.
 (Address) Brookline Mo

WRITE CAREFULLY, 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.

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