1933

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.

4559

1. PLACE OF DEATH
County Webster — Registration District No. 896 — File No.
Township Ozark — Primary Registration District No. 6198 — Registered No. 4
City (No. , St. Ward)

2. FULL NAME James Lowell Rost
(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): Jan. 30, 1930
7. AGE: YEARS 2 — MONTHS 11 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo.

FATHER
13. NAME: Robert Kail Rost
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo.

MOTHER
15. MAIDEN NAME: Josie Goodnight
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo.

17. INFORMANT (ADDRESS): Rufus McCoy
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ebenezer DATE Jan. 24 1933
19. UNDERTAKER (ADDRESS): H. T. McMahan Marshfield Mo
20. FILED 2/1/33 19 J. R. Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 23, 1933
22. I HEREBY CERTIFY, That I attended deceased from Birth Jan 30, 1930, to Jan. 23, 1933
I last saw him alive on Oct. 12, 1932. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
188. Accidental Traumatism	
81 By falling log.	
1 Fracture of skull, compound.	
1 Hemorrhage from rupture of	
1 lateral sinus, right.	

Other contributory causes of importance: 1948

Name of operation No Date of —
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 23 1933
Where did injury occur? Webster County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Skull crushed in by butt end of log
Nature of injury rolling off new building

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. R. Macdonnell, M. D.
(Address) Marshfield, Mo.