

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

Do not use this space.

1. PLACE OF DEATH

79 County Wright
Township Salced
City _____ (No. _____)

Registration District No. 662
Primary Registration District No. 5880

File No. 17381
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Conrad Roth Farrar Mo
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Roth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 30-1867</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>8</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frohna Mo.</u>		
13. NAME <u>Christian Roth</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York N.Y.</u>		
15. MAIDEN NAME <u>Magdalena Ludgraf</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Edwin Roth</u> (ADDRESS) <u>Farrar Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farrar Mo.</u> DATE <u>May 28 1933</u>		
19. UNDERTAKER <u>Jung & Anderson</u> (ADDRESS) <u>Peoria Mo.</u>		
20. FILED <u>May 27 1933</u> <u>J. F. De Lareus</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-22-1932 to 5-26-1933. Death is said to have occurred on 5-26-1933 at 10:30 a.m.

I last saw him alive on 5-26-1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Endocarditis (chronic) Date of onset _____

Other contributory causes of importance:
enlarged prostate

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) G. A. Palisch, M. D.
(Address) Frohna 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.

JUN 23 1933

