

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.

JAN 26 1934  
36  
88  
7

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

Do not use this space.

39697

1. PLACE OF DEATH  
 County.....Franklin..... Registration District No. 297  
 Township.....Washington..... Primary Registration District No. 3016  
 City.....Washington..... (No. ...., ..... St. .... Ward)

2. FULL NAME.....Veronica Roethli  
 (a) Residence, No. 1 Mile S of Washington, Mo Ward. .... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Frank Roethli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5th-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
88      3      28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 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) Breitenberg  
 (STATE OR COUNTRY) Hanover Germany

13. NAME Philipp Berend

14. BIRTHPLACE (CITY OR TOWN) Breitenberg  
 (STATE OR COUNTRY) Hanover Germany

15. MAIDEN NAME Appolonia Deppe

16. BIRTHPLACE (CITY OR TOWN) Breitenberg  
 (STATE OR COUNTRY) Hanover Germany

17. INFORMANT Henry Roethli  
 (ADDRESS) Washington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE Dec 5th-33

19. UNDERTAKER Otto & Co. Geo H Otto  
 (ADDRESS) Washington Mo

20. FILED Dec 5 1933 Namay  
 Registrar.

2 **MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1933, to Dec 3 1933  
 I last saw him alive on Nov 30 1933. Death is said to have occurred on the date stated above, at 12:30 Am.  
 The principal cause of death and related causes of importance were as follows:

Scurvy  
Chronic  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. H. ... M. D.  
 (Address) Washington

3/52