

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

Do not use this space.

MAR 24 1934

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1. PLACE OF DEATH

County Newtown Registration District No. 414 File No. 24
Township _____ Primary Registration District No. 4555 Registered No. 4
City Granby (No. _____) St. _____ Ward _____

2. FULL NAME Ida E. Rolens

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. F. Rolens 1855
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1885
7. AGE 48 YEARS MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 22 - 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1934, to Feb 22, 1934
I last saw h. h. alive on Feb 22, 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Feb - 1930 11. Total time (years) spent in this occupation _____

Cardiac Cathexis Date of onset 15 yrs.
1 1/2 yrs.
1 1/2 yrs.
Other contributory causes of importance: Dist. of blood vessels 3 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown
13. NAME Lemona Stearns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown

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

MOTHER 15. MAIDEN NAME Jessie Eliot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
17. INFORMANT Dr. J. F. Rolens (ADDRESS) Granby, Mo.

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. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Mo. DATE 2 - 23 - 1934

Manner of injury _____
Nature of injury _____

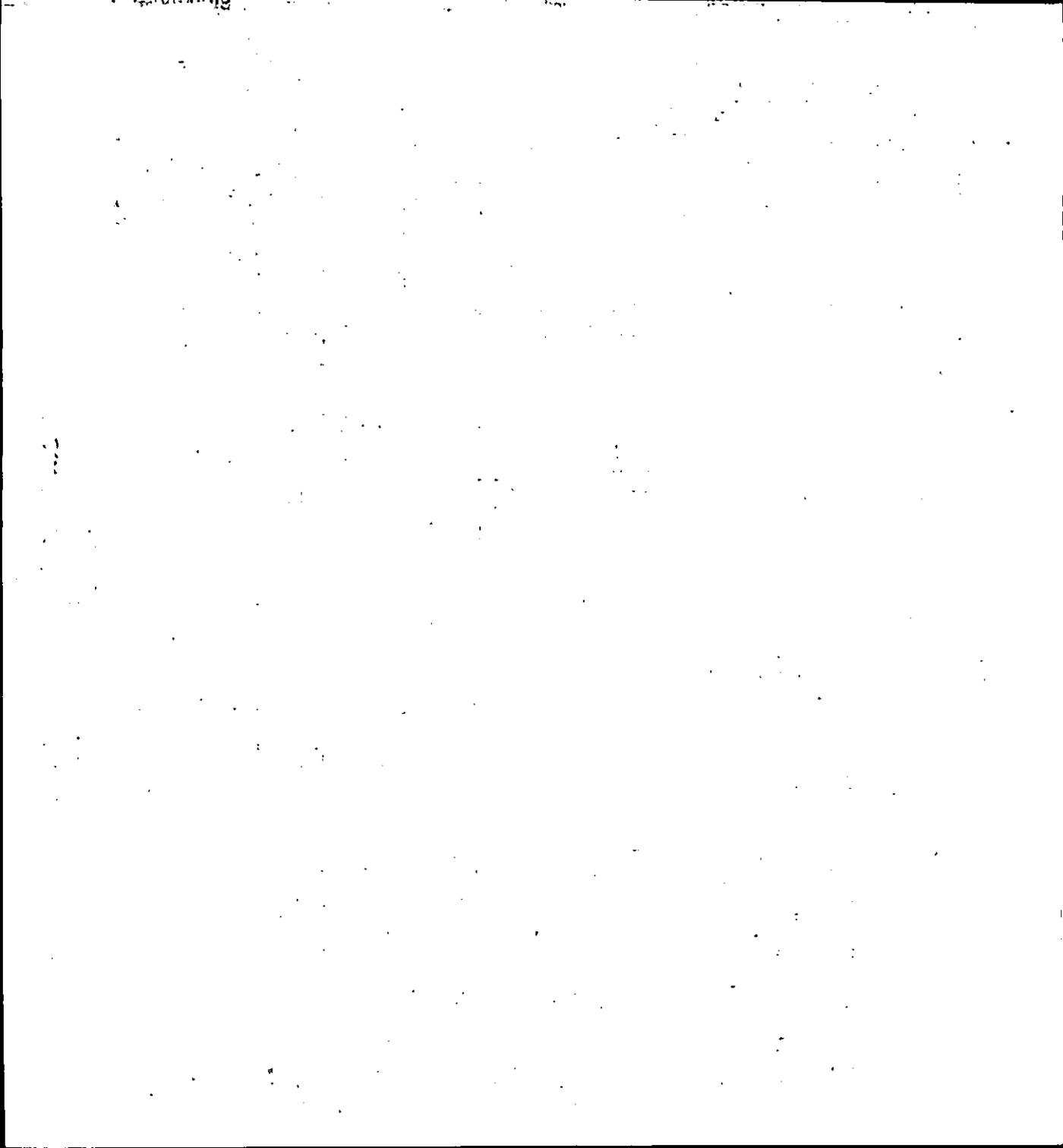
19. UNDERTAKER J. E. Rolens (ADDRESS) Granby Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) L. E. Rolens, M. D.
(Address) Granby Mo.

20. FILED 2 - 3 - 1934 Dr. J. F. Rolens Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6-1-1934



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton
Township Granby
City Granby (No.)

Registration District No. 614
Primary Registration District No. 4533

File No.
Registered No.
St. Ward

2. FULL NAME

(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.

Ida R. Palmer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)
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. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED

19 Dr. M. E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cardiac Arteriosclerosis
2 broken shoulders
first one by a fall when she reached for chair, the hum. and right
Date of onset 80

Other contributory causes of importance
2 broken shoulders
first one by a fall when she reached for chair, the hum. and right
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 Started toward bath room
Nature of injury and tipped forward

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

SUPPLEMENTARY

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