

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. " St. " Ward) "

File No. 8143
Registered No. 8

2. FULL NAME

Roth; Mr Theodore W.

(a) Residence, No. 813 So. Sprigg 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Dorothea Roth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1887

7. AGE YEARS 46 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Evansville, Ind

FATHER 13. NAME Carl Roth

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

MOTHER 15. MAIDEN NAME Wilhelmina Sigel

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

17. INFORMANT (ADDRESS) R. A. Roth Lake Bluff Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar 29 1934

19. UNDERTAKER (ADDRESS) Walthus Und. Co Cape Girardeau Mo.

20. FILED March 28, 1934 J. M. Thompson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1934 3/27 37
I last saw h. alive on 3/27 1934 Death is said to have occurred on the date stated above, at 4:05 P. m.
The principal cause of death and related causes of importance were as follows:

Septicemia
Staphylococcus
Bacterolyticus

Date of onset 3/15/34

Other contributory causes of importance:

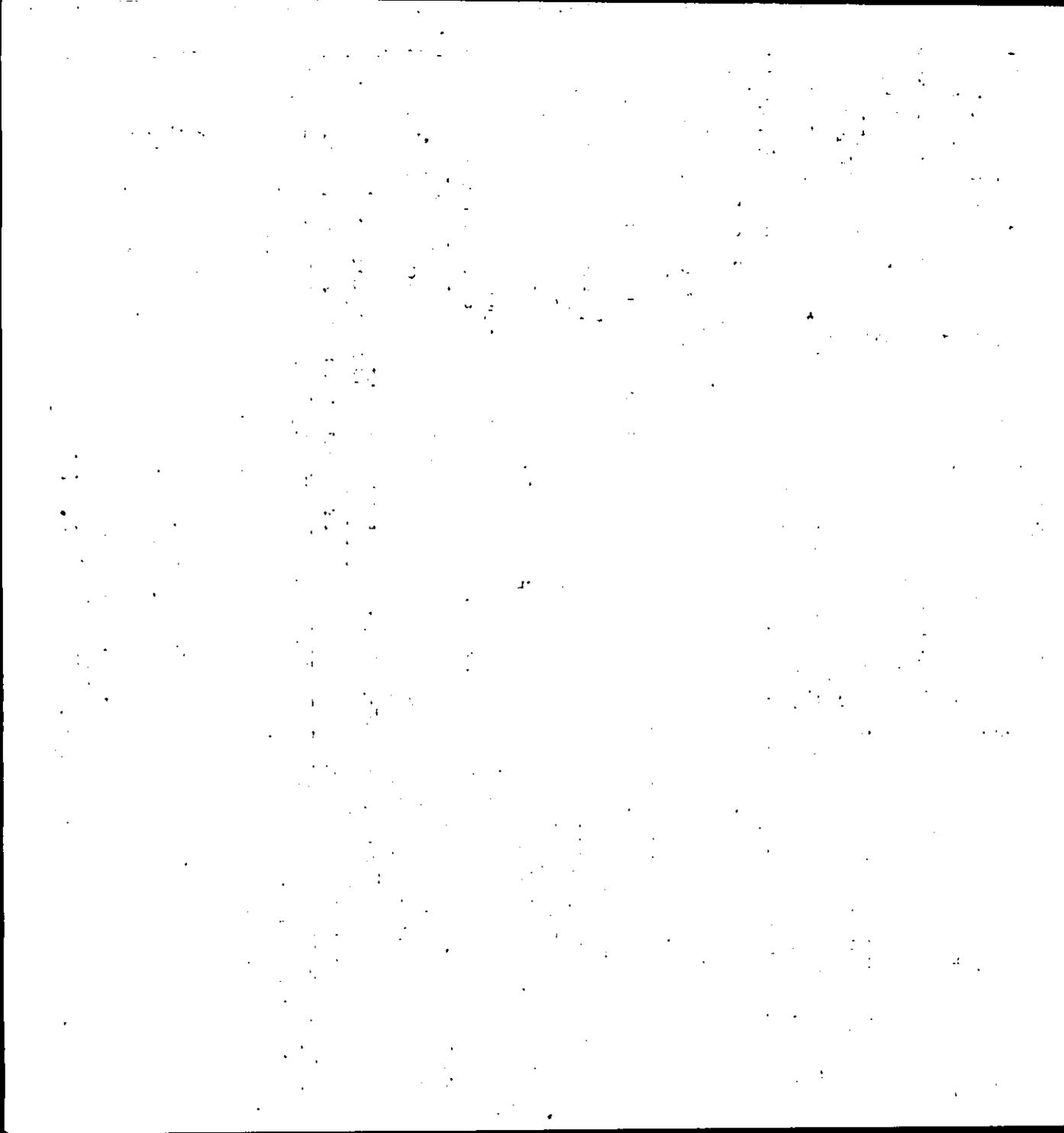
Name of operation None Date of "
What test confirmed diagnosis Laboratory where an autopsy? Block Laboratory

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) George Stobalcker M. D.
(Address) Cape Girardeau Mo.

Exact statement of OCCUPATION is very important. Do not leave blank. Do not write "none" unless actually unemployed. Do not write "retired" unless actually retired. Do not write "unemployed" unless actually unemployed. Do not write "at home" unless actually at home. Do not write "other" unless actually other. Do not write "unemployed" unless actually unemployed. Do not write "at home" unless actually at home. Do not write "other" unless actually other.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau

Registration District No. 125
Primary Registration District No. 3009

File No. 8143
Registered No. 8
St. _____ Ward _____

2. FULL NAME Theodore W Rath

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

_____ Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: _____

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 March 28, 1934 J. M. Thompson Registrar

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? _____
If so, specify _____ (Signed) _____, M. D.

SUPPLEMENTARY

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

Correct or insert in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-8/13