

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.

JUL 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County FRANKLIN Registration District No. 293 File No. 20028
 Township BOLES Primary Registration District No. 5411 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME RUDOLPH-LEE ROTHAU

(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. SEX M 4. COLOR OR RACE W 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) APR-13, 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 10

OCCUPATION 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) Cataumet, Mo

FATHER 13. NAME R. Rothau

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

MOTHER 15. MAIDEN NAME Dorothy J. Hoffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs. Edith Rothau, Cataumet, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cataumet, Mo. 6/24 1934

19. UNDERTAKER (ADDRESS) J. J. Scheer

20. FILED 6 23 34 J. G. Gme Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23, 1934

22. I HEREBY CERTIFY That I attended deceased from June 19, 1934, to June 23, 1934
 I last saw him alive on June 22, 1934 Death is said to have occurred on the date stated above, at 5 A. M.
 The principal cause of death and related causes of importance were as follows:

Whooping Cough Date of onset 5/26/34

Other contributory causes of importance:
Broncho Pneumonia 6/16/34

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) W. H. Stember, M. D.
 (Address) Pacific, Mo.

PROBATION DEPARTMENT

W. J. B. Smith

March 5 1904