AUG 29 1934

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

Do not use this space.

64

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 21141
Township Mason — Primary Registration District No. 3879 — Registered No. 194
City Hannibal (No. St. Elizabeth Hospital St. 6 Ward)

2. FULL NAME Anothy T. Rothweiler
(a) Residence, No. 2431 Market St., 5 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 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~~ Lula Rothweiler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1885
7. AGE YEARS 48 MONTHS 9 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

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. Labor
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) Palmyra Mo

FATHER
13. NAME Mathias Rothweiler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Magdeline Mook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Leonard Rothweiler, Hannibal Mo
18. BURIAL, CREMATION, OR REMOVAL Palmyra Mo.
PLACE St. Joseph Cemetery DATE 6-4-1934
19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo
20. FILED July 6, 1934 R. H. Isbister Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934
22. I HEREBY CERTIFY That I attended deceased from June 2, 1934, to June 3, 1934
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Accident about 7 15 pm	6-2-34
Fracture left tibia & Fibulae	
Shock	
Suspected Basal Skull Fracture	
Cerebral Hemorrhage	9 0 1

Other contributory causes of importance:
Q 10M
S.S.E.

210

Name of operation None Date of
What test confirmed diagnosis? Clinical X Ray 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 6/2, 1934
Where did injury occur? Hannibal Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public street — Struck
Manner of injury Auto Accident (by car)
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. E. Sultzman, M. D.
(Address) 511 Bdway Hannibal Mo.

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.