

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

Do not use this space.

REC 9 9 1935

2039

**1. PLACE OF DEATH**

County Madison Registration District No. 538  
Township St. Francis Primary Registration District No. 5724  
City (No. ....) St. .... Ward)

**2. FULL NAME**

Margaret Rassar  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Rassar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 8 - 1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS <u>5</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Leoni</u>		
FATHER	13. NAME <u>Keneth Pappin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leoni</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Virginia Zuehl</u> (ADDRESS) <u>20031 Parane Detroit Mich</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Family</u> DATE <u>Jan. 15 1935</u>		
19. UNDERTAKER <u>Ed. HeWebb</u> (ADDRESS) <u>Frederick town Mo</u>		
20. FILED <u>Jan 14 1935</u> <u>S. C. Slaughter</u> Registrar. <u>Chas. A. Schwaner</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Jan 13 1935  
I last saw him alive on Dec 23 1934 Death is said to have occurred on the date stated above, at 4:10 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Hemorrhage Date of onset  
Pulmonary Tuberculosis Feb 1934  
Other contributory causes of importance:  
None

Name of operation ..... Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? no

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) S. C. Slaughter M. D.  
(Address) Frederick town Mo

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.

WHILE PRINTING WITH OYDING INK—THIS IS A PERMANENT RECORD

