

350 18 1935

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 944
Township Hayler Primary Registration District No. 5438
City Route #3 Rogersville, Mo. (No. 23) Ward

File No. 35832
Registered No. 23

2. FULL NAME

(a) Residence, No. Route #3 Rogersville, Mo. (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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18, 1849</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>0</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Switzerland</u>		
13. NAME <u>Peter Roll</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Elizabeth Wenger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT <u>Mrs. Cora Albee</u> (ADDRESS) <u>Rogersville, Mo. Route #3</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>California, Mo.</u> DATE <u>11-5</u> 19 <u>35</u>		
19. UNDERTAKER <u>German Schmeier</u> (ADDRESS) <u>Rogersville, Mo.</u>		
20. FILED <u>Dec. 6</u> 19 <u>35</u> <u>Clayton Anderson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/3 1935

22. I HEREBY CERTIFY, That I attended deceased from dead, 1935, to 11-3, 1935. Death is said to have occurred on the date stated above, at 8 P. m. The principal cause of death and related causes of importance were as follows:
Pneumonia (bronchial)
Senility
Other contributory causes of importance:
None

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

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? W
If so, specify _____ (Signed) Clayton Anderson, M. D.
Grayfield

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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No Medical Attendance

