MAR 17 1936

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

Do not use this space.

4923

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township " " — Primary Registration District No. 3009 — Registered No. 51
City CAPE GIRARDEAU (No. 843, So. Boulevard St. Ward)

2. FULL NAME Henry H. Rolwing
(a) Residence, No. 843 So. Boulevard 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: 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: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 - 1856
7. AGE: YEARS 79 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. Farmer
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): Mississippi Co.

FATHER
13. NAME: Bernhard Rolwing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Mrs H. H. Rolwing, Cape Girardeau Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE Feb. 15 1936
19. UNDERTAKER (ADDRESS): Walthers Und. Co. Cape Girardeau Mo.
20. FILED 2-14 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 13th 1936
22. I HEREBY CERTIFY, That I attended deceased from Feby 9th 1936, to Feby 13th 1936
I last saw him alive on Feby 13th 1936 Death is said to have occurred on the date stated above, at 3:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	2/9/36

Other contributory causes of importance: arterio sclerosis

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? no
If so, specify
(Signed) John St. Avit, M. D.
(Address) 6 N. Spanish St. Cape Girardeau Mo

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