

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

Do not use this space.

ny

2419

33

1. PLACE OF DEATH

County Clark Registration District No. 192
 Township Sweet Home Primary Registration District No. 5267
 City (No.) St. Ward

File No. 2419
 Registered No. _____

2. FULL NAME George Roth

(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 4 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Roth (Deceased)

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to January 30, 1938

I last saw him alive on January 20, 1938 Death is said to have occurred on the date stated above, at 4:00 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1855

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>1</u>	<u>22</u>	

Apoplexy

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 7-1-32 11. Total time (years) spent in this occupation 40

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Iowa.

13. NAME Michael Roth

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Where an autopsy? _____

15. MAIDEN NAME Rosina Kirchner

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury _____, 1938

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether in private residence or in public place.

17. INFORMANT John M. Roth (ADDRESS) Revere, Missouri.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Primrose, Iowa. DATE Feb. 1, 1938.

Nature of injury _____

19. UNDERTAKER (ADDRESS) H. C. Baggs, L.E. #1368, Farmington, Iowa.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED Jan. 31, 1938 J. L. McConnell Registrar.

(Signed) J. L. McConnell, M. D.
 (Address) Revere, Mo.

RECEIVED

FEB 23 1938

BUREAU OF VITAL STATISTICS
 MO. STATE BOARD OF HEALTH

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

