

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

Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH

50 County Jefferson
 3 Township
 1 City Festus, Mo. (No.)

Registration District No. 421
 Primary Registration District No. 4249

File No. 11153
 Registered No. 26
 St. Ward)

2. FULL NAME

William O. Roussin 250
 (a) Residence, No. Crystal City, Mo. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)
 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexandria, Roussin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
 10. Date deceased last worked at this occupation (month and year) March, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co., Mo.

13. NAME Same Roussin.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co., Mo.

15. MAIDEN NAME Unknown

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

17. INFORMANT Robert Roussin (ADDRESS) Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL mo PLACE Crystal City DATE March 26, 1938

19. UNDERTAKER Gentry R. Polite (ADDRESS) Crystal City, Mo.

20. FILED 3/26, 1938 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-24th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to March 24, 1938

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 2:50^{PM} m.

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

Chronic Gastritis Aug 1937

Other contributory causes of importance: 124 B1

Cirrhosis of liver Unknown

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 J. E. Rutledge M. D.

(Signed) J. E. Rutledge (Address) Festus, Mo.

382 (Address)

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.

1-29314

