

REC'D SEP 19 1938

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

Do not use this space.

29860

1. PLACE OF DEATH

County Repley  
Township Florissant  
City Florissant (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 75  
Primary Registration District No. 5990

File No. 83  
Registered No. 1376

2. FULL NAME

Clair Remph. Thadus Rohlfso - 412

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, than hrs. or min.  
3 10 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Hannville - R. R. - Butler Co. - Mo.

13. NAME Guстан Peters Rohlfso

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

15. MAIDEN NAME Rhoda Luettgen Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell - Douglas Co. - Mo.

17. INFORMANT (ADDRESS) Guстан Peters Rohlfso - Mayor - mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannell, R. R. - mo. DATE Aug - 26 - 1938

19. UNDERTAKER (ADDRESS) Mr. Minnie Gish - Naylor, mo.

20. FILED Sept 2, 1938 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to Aug 23, 1938

I last saw him alive on Aug 22, 1938. Death is said to have occurred on the date stated above, at 10: P. m.

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

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? ray 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) St. Louis \_\_\_\_\_, M. D.

(Address) Naylor mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

