FILED FEB 12 1940

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

1849
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway 3 Registration District No. 104
(b) Township or (c) City Fulton 0 Primary Registration District No. 13008 Registered No. 6
(d) Street No. State Hosp. #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Jake Roth
(a) Residence, No. R.R.#4 Jefferson City Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25th 1880
7. AGE 59 YEARS 59 MONTHS 4 DAYS 12 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Jefferson City
FATHER
13. NAME Christian Roth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
MOTHER
15. MAIDEN NAME Francis Schmidli
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
17. INFORMANT (ADDRESS) Henry Roth (Brother) R.R.#4 Columbia Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson City DATE 1/6 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs Jefferson City
20. FILED Jan 6 1939 R. R. Crews Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1939, to 1/6 1940
I last saw him alive on 1/5 1940 Death is said to have occurred on the date stated above, at 1:55 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gen. Arteriosclerosis | |
| 1/2 | |

Other contributory causes of importance: Nephrosclerosis c Uremia

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? .....
If so, specify .....
(Signed) Geo F. Wood, M. D.
(Address) State Hospital #1 Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John H. Heinrichs, Registered Apprentice No. ..... working under my personal supervision.

Signed John H. Heinrichs

Licensed Embalmer No. 3665

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**