

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

Do not use this space.

11336

1. PLACE OF DEATH

County: St. Francis
Township: Boone
City: _____ (No. _____)

Registration District No. 775
Primary Registration District No. 6022

File No. _____
Registered No. 32
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Boone Hill Route 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. Valentine Rosemer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 10 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employee) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Patone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT George Rosemer
(Address) Frankington Road 2

15. FILED 3/28/31 T. C. Don
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1931

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 29, 1931, that I last saw her alive on March 24, 1931, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
108 104
162 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At Home

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Lee Straley, M. D.

3-28, 1931 (Address) Bonnie St. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Frankington Cemetery DATE OF BURIAL March 29 1931

20. UNDERTAKER Bentley Undertaking ADDRESS Bonnie St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 27 1931

