

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township Jefferson City

Primary Registration District No. 3014

City Jefferson City

(No. St. Marys Hosp.)

File No. 2491

Registered No. 9

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mountain Co. Mo.

13. NAME Ernest O. Rohrbach

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

15. MAIDEN NAME Ruth M. Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Co. Mo.

17. INFORMANT Ernest O. Rohrbach
(ADDRESS) California Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Saginaw Cem. DATE 1/11 1938

19. UNDERTAKER Williams & Friedmeyer
(ADDRESS) California Mo.

20. FILED 1/10/1 1938 Barber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1938 to Jan 9 1938
First saw him alive on Jan. 9 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:
Intussusception (ileocolic) 11/8/38

Other contributory causes of importance:
operation to reduce 11/9/38

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
Specify where injury occurred in industry, 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) R. J. Demore D.O. M.D.
(Address) California, Mo.

**RECEIVED
FEB 23 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH**

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.

