

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

22310
Do not use this space.

1. PLACE OF DEATH
 (a) County Monroe 2 Registration District No. 574
 (b) Township Levy 0 Primary Registration District No. 4338
 (c) City Jamestown (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 207 Cynthia Mandy Roese
 (a) Residence, No. Jamestown St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John George Roese
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865-3-11
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 3 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house keeper
 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) Jamestown 0
Monroe
 FATHER 13. NAME Unknown 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) J.G. Roese
 18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe County DATE 6-28 1900
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Mullicke
Jamestown Mo
 20. FILED June 27 1900 Abbie CNeal
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1900
 22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1900 to 6-24, 1900
 I last saw her alive on 6-24, 1900 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Biliary Obstruction
concretions Gall Stones
mitral regurgitation
 Other contributory causes of importance: 92 lb
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) B.R. Reynolds D.O.
506 (Address) Jamestown Mo

Date of onset
unknown
unknown

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California Mo.

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

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