

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.

SEP 25 1935

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

Do not use this space.

27090

1. PLACE OF DEATH

County Moniteau  
Township Willow Fork  
City (No. ....)

Registration District No. 5-7-3  
Primary Registration District No. 4331  
5971A

File No. ....  
Registered No. 4  
St. .... Ward

2. FULL NAME William Franklin Rodner

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26th 1865

7. AGE YEARS 68 MONTHS 4 DAYS 13 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Moniteau County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ben Rodner

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lizey Dritt

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

17. INFORMANT Audrey Rodner (ADDRESS) Fortuna, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nixon Cemetery DATE Aug. 11, 1935  
Moniteau Co.

19. UNDERTAKER Janeel-E. Richards (ADDRESS) Fortuna, Mo.

20. FILED Aug 20 1935 G. S. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935, to Aug 9, 1935.

I last saw h. m. alive on Aug 9, 1935 Death is said to have occurred on the date stated above, at 4:2 m.

The principal cause of death and related causes of importance were as follows:  
Residuous pneumonia Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....  
If so, specify.....  
(Signed) G. S. Wilson, M. D.  
(Address) Fortuna, Mo

