

MAY 25 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

11933

File No. 2
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Phelps Registration District No. 679
Township Cold Spring Primary Registration District No. 5907
City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Alma Margaret Deau
(a) Residence, No. Rolla, mo. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Phelps Co Mo.

13. NAME John Haas

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

15. MAIDEN NAME Sophia Gahr

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

17. INFORMANT Walter Haas Rolla Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE 3/24, 1936

19. UNDERTAKER Harry R. McCaw Rolla Mo
(ADDRESS)

20. FILED Apr 14 1936 J. Park Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1936, to Mar 20, 1936

I last saw h. or alive on Mar 20, 1936 Death is said

to have occurred on the date stated above, at 10:50pm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia 3-14-36

Other contributory causes of importance:

Scarlet Fever

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? no

If so, specify _____

(Signed) Carl E. Fend _____, M. D.

(Address) Rolla, mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

