

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

1. PLACE OF DEATH  
 County.....Jackson..... Registration District No. 399  
 Township.....Kaw..... Primary Registration District No. 1002  
 City.....Kansas City..... (No. 3815 Walnut)..... File No. 21560  
 Registered No. 1021  
 St. .... Ward

2. FULL NAME.....JOHN Z. RORABACK.....  
 (a) Residence, No. 3617 Summit..... 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 Ma 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia W. Roraback

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....Railroad  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....Albion  
 (STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER John C. Roraback

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER W.A.R. Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) N.Y.

14. INFORMANT Mrs. F. E. Holland  
 (Address) 3815 Walnut, K.C. Mo.

15. FILED 7/19 1923 M. M. Crowie  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-17-23 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1923 to July 17, 1923  
 that I last saw him alive on July 17, 1923, and that death occurred, on the date stated above, at 11:30-PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cirrhosis of liver

12.4 13

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? yes. Dr. Walter Campbell

WHAT TEST CONFIRMED DIAGNOSIS? physical examination

(Signed) Robert Davis, M. D.

7/18, 1923 (Address) 416 075421

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
St. Louis, Mo.

DATE OF BURIAL  
7-20-1923

20. UNDERTAKER

Stone & McClure Co 924 Oak

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.

