

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

Do not use this space.

27517

1. PLACE OF DEATH **85**
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. 3007 Penn St. St. _____ Ward _____)

2. FULL NAME Alice Roloson
 (a) Residence, No. 3007 Penn St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.N. Roloson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 24, 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
 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) July, 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Fort Wayne, (STATE OR COUNTRY) Ind.

FATHER 13. NAME Elisha McClure
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio.

MOTHER 15. MAIDEN NAME Malinda Greyless
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Fred Cornell (ADDRESS) 3007 Penn St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cemetery DATE Aug, 4, 1931

19. UNDERTAKER Walter Meierhoffer (ADDRESS) 1302 Aaron St. St. Joseph, Mo.

20. FILED 8-4-31 19 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 3, 1931, 19 _____
 22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931 to Aug 3, 1931
 I last saw her July 15, 1931 alive on _____, 1931. Death is said to have occurred on the date stated above, at 12.15 A.M.

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

Heart Disease Arterio Sclerosis
Myo Carditis - Chronic
 About 1930

Other contributory causes of importance:
Arterio Sclerosis - General

Name of physician _____ Date of _____
 What test confirmed diagnosis? Annual 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) J.W. Carl, M. D.
 (Address) Phys. & Surg. Bldg, St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 21 1931

4-22-68