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.

APR 5

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

Do not use this space.

7798

1. PLACE OF DEATH
24 County Clay — Registration District No. 200 — File No.
4 Township Kearney — Primary Registration District No. 4120 — Registered No. 6
3 City Kearney (No. , St. Ward)

2. FULL NAME George Roach

(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 35 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Betsy ~~Ann~~ Roach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 10 1834

7. AGE: YEARS 98 — MONTHS — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

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

17. INFORMANT (ADDRESS): Mrs John Harmon, Kearney Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kearney Mo DATE Mar 20 1932

19. UNDERTAKER (ADDRESS): C W Hessel, Kearney Mo

20. FILED 3/19 1932 Thos L Bunnell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 13th 1932 to Mar 19th 1932
I last saw him alive on Mar 18th 1932 Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

97

Other contributory causes of importance:

(1)

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?
If so, specify
(Signed) J. W. Epler, M. D.
(Address) Kearney Mo