

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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township.....
City Lakeman, Mo (No.....) St..... Ward.....

Registration District No. 828
Primary Registration District No. 4502

File No. 35359
Registered No.....

2. FULL NAME

Jacob Albert Roof
(s) Residence, No..... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 2 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Penn.

MOTHER FATHER
13. NAME John Roof

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

15. MAIDEN NAME Mary Baird

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

17. INFORMANT Mrs Beth Wright
(ADDRESS) Lakeman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE 10-28 1933

19. UNDERTAKER P. B. Norman
(ADDRESS) Shelby, Mo

20. FILED Oct 26 1933 D. A. White
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1933, to Oct. 26 1933
I last saw h.M. alive on Oct. 22 1933 Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cancer of Rectum.
457
162
Other contributory causes of importance: old age

Name of operation..... Date of.....
What test confirmed diagnosis? None 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) R. L. Caldwell M. D.
(Address) Shelby, Mo

