CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 29 1934

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

Do not use this space.

1. PLACE OF DEATH
County Atchison — Registration District No. 20 — File No. 11815-A
Township — Primary Registration District No. 4014 — Registered No.
City Tarkio (No. , St. Ward)

2. FULL NAME Roy Sonbarger

(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 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1, 1897

7. AGE: Years 37 — Months 3 — Days 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Tarkio Missouri

FATHER
13. NAME: Jno. Sonbarger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Hattie Mae Shaum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Jno Sonbarger Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fraser Hill DATE Apr 10 1934

19. UNDERTAKER (ADDRESS): J.M. Davis Tarkio, Mo.

20. FILED Apr 9 1934 Chas Vaughn Registrar.

MEDICAL CERTIFICATE OF DEATH

(1)

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15th, 1934, to Apr 7th, 1934
I last saw him alive on April 7th, 1934. Death is said to have occurred on the date stated above, at 2:25AM
The principal cause of death and related causes of importance were as follows:

Pneumonia attacked the right lung and ran it course then attacked the upper lob of left lung, primary cause of death

Date of onset

Other contributory causes of importance:

108 108

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. Holliday, M. D.
(Address) Tarkio Mo