

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

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

Do not use this space.

FEB 20 1936

1349

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township _____ Primary Registration District No. _____
 City Kansas City (No. St. Mary's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2012
 St. _____ Ward _____

2. FULL NAME Charles Roe

(a) Residence, No. Roe Blvd. & Highway 50 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Jan 12, 1936
 (last saw him... alive on Jan 12, 1936, 19... Death is said to have occurred on the date stated above, at 3:15 A.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1862

Bronchial Pneumonia Date of onset 1/9/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 4

Other contributory causes of importance:
Ch. Myocarditis
Pulmonary Embolism ? 1/12/36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Davis County Missouri

MOTHER FATHER 13. NAME John Roe

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

15. MAIDEN NAME Roseanna Clark

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

17. INFORMANT Mrs. Ellen Roe Bryant
 (ADDRESS) Roe Blvd. & Highway 50

18. BURIAL, CREMATION, OR REMOVAL PLACE Shackelford Mo DATE Jan. 14th 36

19. UNDERTAKER St. Louis Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED Jan 13 1936 M. M. Cronin
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. M. Young, M. D.
 (Address) 1401 S. W. Blvd
K.C.K.

