

REC'D MAY 22 1939

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

14681
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Jefferson City Primary Registration District No. 3014 Registered No. 115
(c) City Jefferson City (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 900 ROBERT CYRNE ROACH St. Clinton Mo
(Usual place of abode, if no street address, write county or city) (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Lucille Roach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-21-1908
7. AGE YEARS 30 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as 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) Mayview Mo

FATHER 13. NAME John Maurice Roach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayview Mo

MOTHER 15. MAIDEN NAME Ruby Mauris Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayview Mo

17. INFORMANT (ADDRESS) Mary Lucille Roach Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL Warrensburg Mo DATE 5-9-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Williams Clinton Mo

20. FILED 5/17/1939 D. S. Beasford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case to Case, 19...
I last saw him alive on 7-15, 19... Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Burned to Death in Madison Hotel Fire Date of onset

Other contributory causes of importance: None

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-3-39

Where did injury occur? Jefferson City Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Hotel

Manner of injury Burned in fire

Nature of injury Burned

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify staying in hospital on his return

(Signed) Thomas J. Kibbel, M. D.

(Address) Clinton Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.