

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.

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

Do not use this space.

MAR 15 1937

4907

1. PLACE OF DEATH
 County Henry Registration District No. 36
 Township Sugar Creek Primary Registration District No. 5052
 City St. Ignace (No. 2) St. 2 Ward 1

2. FULL NAME Robert Roller
 (a) Residence, No. St Ignace Mo. St. R 7 Ward 1
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Donatella Roller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11th 1859
 7. AGE YEARS 79 MONTHS 3 DAYS 5
 If LESS than 1 day, hrs. or min.
 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 ✓
 OCCUPATION
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sugar Creek Mo
 13. NAME Harry Co. Mo
 FATHER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Pa
 MOTHER
 15. MAIDEN NAME Elizabeth Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank
 17. INFORMANT Mrs. Green Montgomery
 (ADDRESS) Washington
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Salem DATE 4/18 1937
 19. UNDERTAKER Home & Butler
 (ADDRESS) Cassville Mo
 20. FILED 2-18 1937 Pellie Short
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to Feb 16th 1937
 I last saw him alive on Feb 14th 1937. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset unkn
 Other contributory causes of importance:
Cardiac Decompensation Jan 15th 37
 Name of operation none Date of —
 What test confirmed diagnosis? clinical 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) Bess Newman M. D.
 (Address) —

