

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 18 1939

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35413

1. PLACE OF DEATH
 County Barry Registration District No. 36
 Township Sugd Creek Primary Registration District No. 5052
 City Seligman, Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME Henry Roller
 (a) Residence. No. Seligman, Mo. St. Ward Seligman, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida, Marie, Roller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3 - 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>10</u>	<u>7</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Furnier
 (b) General nature of industry, business, or establishment in which employed (or employer) Self
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Johua, Roller
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Nancy Bendigraft
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Dist. Mo.

14. INFORMANT Frank Roller
 (Address) Seligman, Mo.

15. FILE NO. 40-26-39 Jolie S. Grant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10, 1939
 17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1939 to Sept 10, 1939
 that I last saw him alive on Sept 7, 1939, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
acute nephritis
137

(duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Prostatitis
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Dist.

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS Symptoms, Histology
 (Signed) H. W. Edwards M. D.
 . 19 _____ (Address) Seligman, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Roller Cemetery DATE OF BURIAL Sept 4, 1939

20. UNDERTAKER Harold Saloch ADDRESS Cassillo

mo

District File Number 1139-2200
 Date Filed NOV 14 1939

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No.....) St..... Ward.....

2. FULL NAME

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)			
14. INFORMANT (Address)				
15. FILED....., 19..... REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)	19.....
17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.	
THE CAUSE OF DEATH* WAS AS FOLLOWS:	
..... (duration)..... yrs..... mos..... ds.	
CONTRIBUTORY (SECONDARY)..... (duration)..... yrs..... mos..... ds.	
18. WHERE WAS DISEASE CONTRACTED	
IF NOT AT PLACE OF DEATH.....	
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....	
WAS THERE AN AUTOPSY?.....	
WHAT TEST CONFIRMED DIAGNOSIS?.....	
(Signed)....., M. D., 19..... (Address)	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
.....	19.....
20. UNDERTAKER	ADDRESS
.....

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-413
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 36
 (b) Township Inglis Creek Primary Registration District No. 5052
 (c) City (d) Street No. St.
 (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 Henry Polles

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10-26 1939 Polles J. Frost
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....
 I last saw h. alive on, 19..... 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:

Other contributory causes of importance:

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) H. W. Edwards, M. D.
 (Address) Beligman mo

Date of onset

SUPPLEMENTARY

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