Dr Gillham

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

Do not use this space.

7640

APR 23 1927

1. PLACE OF DEATH

County: Cole — Registration District No. 213-

Township: — Primary Registration District No. 3014-

City: Jefferson (No. ..... St. ..... Ward)

File No. .....

Registered No. 76-

2. FULL NAME: Albert Ross Roark

(a) Residence. No. Jefferson City 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 13 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	5	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(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): Ulman Mo.

PARENTS

10. NAME OF FATHER: Boyd Roark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not Known

14. INFORMANT: James Roark
(Address): Jefferson City Mo

15. FILED 3/19 19 27 Dr. D V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 18 1927.

17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1926, to 3-18, 1927, that I last saw he alive on 3-18, 1927, and that death occurred, on the date stated above, at 12:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

10 yrs 7 1000

(duration) 3 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED: .....

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF: —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) F. W. Gillham, M. D

3/19, 1927 (Address) Jefferson City, Mo.

*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: Riverview Cemetery — DATE OF BURIAL: 3/19 1927

20. UNDERTAKER: Walther-Wynn — ADDRESS: Jeff. City Mo.

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