JUL 25 1927

Dunn

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

Do not use this space.

17611

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 652

City St. Joseph, (No. 22I2 South IIth Street St. Ward)

2. FULL NAME Doris Martha Roach

(a) Residence. No. 22I2 South IIth Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 2 mos. I3 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April. 9. I907.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	20	2	I3	

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) St. Joseph, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Charles Roach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DeKalb, (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Anna Davis.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri.

14. INFORMANT Charles Roach (Address) Springfield, Illinois.

15. FILED JUN 23 1927, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June. 22. 1927.

17. I HEREBY CERTIFY, That I attended deceased from about Feb 1, 1926, to June 22, 1927, that I last saw her alive on June 22, 1927, and that death occurred, on the date stated above, at 8/30pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

3/23-A

about (duration) 1 yrs. 4 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? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) S. D. Sener, M. D

June. 23 1927 (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: Mount Olivet Cemetery

DATE OF BURIAL: June. 25 1927.

20. UNDERTAKER: H. O. Sedenfaden

ADDRESS: 1802 Union Str.

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.