Brandon

OCT 24 1927

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

Do not use this space.

26623

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 3-131 — Registered No. 250
City (No. St. Ward)

2. FULL NAME Wm. L. Roach

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1854

7. AGE: Years 73 — Months unknown — Days — If LESS than 1 day, hrs. or min.

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) Randolph Co. Ark

PARENTS
10. NAME OF FATHER Frank Roach
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Randolph Co. Ark
12. MAIDEN NAME OF MOTHER Mary O'Bryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Randolph Co. Ark

14. INFORMANT Charles H. Roach
(Address) Harrisburg Mo.

15. FILED 10-7-1927 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1927, to Sept 24, 1927 that I last saw him alive on Sept 24, 1927, and that death occurred, on the date stated above, at 8:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
9LA 90A
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. L. Brandon M. D
9/30 1927 (Address) Poplar Bluff 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: Coberaft — DATE OF BURIAL: 9/26 1927

20. UNDERTAKER: Frank Und. Co. — ADDRESS: Poplar Bluff

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.

PERMANENT RECORD