

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

Do not use this space.

Rev 2005

1. PLACE OF DEATH
 County Greene Registration District No. 682
 Township Hayward Primary Registration District No. 4882
 City Thayer (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME Nettie 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. 1 mos. 7 ds. How long in U.S., if of foreign birth? 78 yrs. 11 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J.B. Roach</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 22 1854</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
<u>73</u>	<u>11</u>	<u>11</u>	<u>2</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>House Keeper</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Beulleville, Greene, Mo</u> (STATE OR COUNTRY) <u>Pike Co</u>				
PARENTS	10. NAME OF FATHER <u>Josiah Turpin</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Leola Beasley</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Pike Co. Mo</u> (STATE OR COUNTRY)			
14. INFORMANT <u>Mrs Roy Dace</u> (Address) <u>Thayer Mo</u>				
15. <u>Jan 26 1928</u> <u>G. Rhen</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 9 1928 to Jan 25 1928 that I last saw h. or alive on Jan 25 1928, and that death occurred, on the date stated above, at Thayer Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
9'57
880 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 880 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH?

20. WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. P. ... M. D.
Jan 26 1928 (Address) Thayer 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 Stony Point, Embury DATE OF BURIAL 127 1928

20. UNDERTAKER A. L. Carr ADDRESS Thayer Mo

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.

FEB 23 1928

