

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.

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

Do not use this space.

5111  
773

1. PLACE OF DEATH

County Jackson  
Township Kear  
City K. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
Missouri Hosp. Baptist

File No. 5111  
Registered No. 773  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Clifton Jesse Roads  
(a) Residence No. 26 Joseph 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE Wh.  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11 - 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 3 8

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Fireman  
(b) General nature of industry, business, or establishment in which employed (or employer) Flour Mills  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER A. M. Roads

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER Anna Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

14. INFORMANT A. M. Roads  
(Address) 1526 Cleveland Street

15. FILED 7-20-28  
REGISTRAR W. J. ...

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 16 1928 to Feb. 19 1928 that I last saw him alive on Feb. 19 1928, and that death occurred, on the date stated above, at 6:00 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza  
11 1/2  
10 1/2

CONTRIBUTORY (SECONDARY) Pneumonia Lobar  
(duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Medical  
(Signed) W. J. ..., M. D.  
2/20, 1928 (Address) Missouri Hospital

\*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 Humphrey Mo DATE OF BURIAL 7/21 1928

20. UNDERTAKER W. J. ... ADDRESS 1913 East 15

