

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

Do not use this space.

8359

1. PLACE OF DEATH

County Dallas
Township J. Benton
City Buffalo (No. 5334)

Registration District No.
Primary Registration District No. 241

File No.
Registered No. 283
St. Ward)

2. FULL NAME

Mrs. Roe

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 about

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate of Poor home
(b) General nature of industry, business, or establishment in which employed (or employer) Poor home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Chas. Lassar Buffalo, Mo.

15. FILED 4/10, 1928 Harry Moran REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/19 1928

17. I HEREBY CERTIFY, That I attended deceased from Field 14 1928 to Mar 16 1928 that I last saw her alive on Mar 16 1928 and that death occurred, on the date stated above, at Field Mo.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
115 abdominal Dropsy

19. CONTRIBUTORY (SECONDARY) 2 of decomp. of lungs (duration) yrs. mos. da. Empyema (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Dr. Johnson M. D. Buffalo Mo 19 (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 DATE OF BURIAL Reynolds Chappel 3/20 1928

20. UNDERTAKER ADDRESS O'Routh & Son Buffalo, Mo

Exact statement of OCCUPATION is very important.

PARENTS

