AUG 23 1928

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

Do not use this space.

1. PLACE OF DEATH
County Gentry
Township Cooper
City ..... (No. ..... St. ..... Ward)

Registration District No. 314
Primary Registration District No. 5429 B

File No. 23507
Registered No. 25

2. FULL NAME Denzil Roesh Roch.

(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) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27, 1912

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15	10	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student High School
(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) Gentry County Mo

PARENTS
10. NAME OF FATHER Jess Roch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo
12. MAIDEN NAME OF MOTHER Amai Jadon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo

14. INFORMANT Jess Roch
(Address) Stanberry Mo R2.

15. FILED 8/9, 1928 C S Bernal
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 4.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Drowning

183

This death occured at the Lindley swimming pool located about 2½ miles S.E. of Stanberry, Mo.

C S Bernal
Registrar

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. W. Whitsley, M. D.
, 19 (Address) Albany Mo Coroner

*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 Jennings Cemetery Gentry Co Mo
DATE OF BURIAL 4/6 1928

20. UNDERTAKER Laton F. Phillips
ADDRESS Stanberry 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.

MARGIN RESERVED FOR BINDING