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

Do not use this space.

30483

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 2733
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 28th Troost St. Ward)

2. FULL NAME Carl Roller
(a) Residence. No. 2828 Forest St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
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) April 4 - 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
24	5	5	

8. OCCUPATION OF DECEASED Punch press operator
(a) Trade, profession, or particular kind of work Auto Accessories Co.
(b) General nature of industry, business, or establishment in which employed (or employer) 2537 Madison
(c) Name of employer Mr La Fee

9. BIRTHPLACE (CITY OR TOWN) Christian County
(STATE OR COUNTRY) Ozark Mo.

PARENTS

10. NAME OF FATHER James Morgan Roller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nellie Hale
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Christian Co.
(STATE OR COUNTRY) Sparta Mo.

14. INFORMANT Nellie Roller
(Address) 2823 Forest

15. FILED 9/9, 1928 M. M. Crowe
REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneba Dilatation of heart
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Elmer Carbaugh, M. D
9/9, 1928 (Address) Deputy 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: Collins Mo.
DATE OF BURIAL: Sept. 11 1928 Shop

20. UNDERTAKER: Eylar Funeral Home
ADDRESS: 1800 Linwood

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.