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

Do not use this space.

5493

1. PLACE OF DEATH County: Buchanan — Registration District No.: 85 — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 155
City: St. Joseph (No. 202 Iowa Ave. St. Ward)

2. FULL NAME: Marion Roach Sr.

(a) Residence. No. 202 Iowa Ave. 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 5th 1839

7. AGE: Years 89 — Months 11 — Days 1 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED: None
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN): Mo.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Emma Mathews
(Address): 202 Iowa Ave.

15. FILED: FEB 9 1929 19 — John G. Ott, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1929, to Feb 6 1929, that I last saw alive on Feb 6, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

162

Senile exhaustion (duration) yrs. Several mos. ds.

CONTRIBUTORY (SECONDARY): General Asthenia (duration) yrs. Several mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 164
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Fenton G. Gundorn, M.D.
Feb 7, 1929 (Address) 216 W 17th. ave

*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: Levenworth Kansas — DATE OF BURIAL: 2/8/1929

20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 9th & Olive

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 21 1929

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