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.

11 23 1929 6 9

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 9708

Township Primary Registration District No. 1001 Registered No. 418

City St. Joseph (No. 613 North 23rd Street St. Ward)

2. FULL NAME Edwin Pembroke Root

(a) Residence. No. 613 North 23rd Street. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances M. Root.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1853.

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 75 | 8 | 19 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Tinner.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Himself.

9. BIRTHPLACE (CITY OR TOWN) Otisca
(STATE OR COUNTRY) Michigan.

PARENTS

10. NAME OF FATHER: Edwin F. Root.

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

12. MAIDEN NAME OF MOTHER: Elsie Clark.

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

14. INFORMANT: Mrs E. B. Reed.
(Address) 613 North 23rd St.

15. FILED MAR 28 1929 19 John G. Jetz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed Body, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 7:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93 900

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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? no

WHAT TEST CONFIRMED DIAGNOSIS? History

3/28 (Signed) B. W. Tadlock Coroner, M. D.
, 1929 (Address) St Joseph Mo.

*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: Lebanon, Kansas
DATE OF BURIAL: Mar 29 1929

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.