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

Do not use this space.

13979

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. Noyes Hospital St. Ward)

File No.
Registered No. 564

2. FULL NAME Collis Bowles Roundy

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	80	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Teacher
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bangor
(STATE OR COUNTRY) Maine

PARENTS
10. NAME OF FATHER Jeremiah Roundy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maine
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maine
(STATE OR COUNTRY)

14. INFORMANT Dr. C. J. Roundy
(Address) St Joseph Mo

15. FILED APR 29 1929, 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to April 28, 1929 that I last saw him alive on April 28, 1929, and that death occurred, on the date stated above, at Midnight m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Instertial nephritis Chronic
131
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290
(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? Clinical
(Signed) Collis Roundy M. D.
4/29, 1929 (Address) Kirkpatrick Bldg

*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
Donophan Kans	4/30 1929
20. UNDERTAKER	ADDRESS
Heeman Funeral Home	1208 Francis

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.