DEC 18 1929

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

Do not use this space.

36343

1. PLACE OF DEATH

County Buchanan — Registration District No. 81 — File No.

Township Bloomington, — Primary Registration District No. 5122 — Registered No. 10

City (No. 3 1/2 Miles So. of DeKalb, Mo. St. Ward)

2. FULL NAME Dora Martin Roach,

(a) Residence. No. 3 1/2 M. So. of DeKalb, Mo. 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. 1 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)
Female	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27, 1857,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	1	12	

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

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9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Gordon Roach,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Jane Howard,

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

14. INFORMANT John W. Roach
(Address) DeKalb, Missouri,

15. FILED 11/11, 1929 J. W. McAdams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Nov 9, 1929 that I last saw her alive on Nov 7, 1929, and that death occurred, on the date stated above, at 12:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease

92R

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? usual test

(Signed) E. B. McAdow, M. D.

Nov 10, 1929 (Address) DeKalb 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	DATE OF BURIAL
DeKalb, Missouri,	Nov. 11, 1929
20. UNDERTAKER	**ADDRESS**
Heaton-BeGole & Bowman Funeral Home	319 S. 10th. St St Joseph, 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.