

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

Do not use this space.

36709

1. PLACE OF DEATH

County Cooper Registration District No. 219
Township Kelley Primary Registration District No. 5299
City Boonville Hospital _____ St. _____ Ward _____

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

Juhn Spencer Roehrs

(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. I ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
-----------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct -20 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>I</u>	<u>I</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bunceton MO
(STATE OR COUNTRY)

10. NAME OF FATHER John Roehrs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Bunceton MO

12. MAIDEN NAME OF MOTHER Lillian Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Bunceton MO

14. INFORMANT John Roehrs
(Address) Bunceton MO

15. FILED 11/10 29 Hattie Pappas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 23 1929 to Nov 23 1929, and that I last saw him alive on Nov 22 1929, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

67
86 Enlarged Thyroid
(Status Thyrotoxicus)
(duration) yrs. 2 mos. ds.

CONTRIBUTORY Concomitant
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH at Bunceton, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray.
(Signed) Henry R. Ramsey, M. D.

11.26.19 29 (Address) Boonville, 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 Lone Elm MO DATE OF BURIAL 11-25-29

20. UNDERTAKER L. G. Parker Bunceton MO ADDRESS _____

