

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.

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

Do not use this space.

3976

MAR 24 1930

1. PLACE OF DEATH

County Barry  
Township Purdy  
City (No. ....) (St. .... Ward)

Registration District No. 31  
Primary Registration District No. 4022

File No. ....  
Registered No. 7

2. FULL NAME

Marion Roller

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 4 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 94%  
(b) General nature of industry, business, or establishment in which employed (or employer) 8TB  
(c) Name of employer

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

10. NAME OF FATHER Austin Roller

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

12. MAIDEN NAME OF MOTHER McAllister

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

14. INFORMANT Perry Roller  
(Address) Purdy

15. FILED 3-10-30 Matt Blankenship REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from Did not attend 19... 19... that I last saw h... alive on... 19... and that death occurred, on the date stated above, at... 6 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

ruptured & he Arteries  
Never satisfactory Diagnosis  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) some obscure nervous disorder  
(duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. B. Keely, M. D.  
Purdy Mo. (Address)

\*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

Amhart

2-5-1930

20. UNDERTAKER

ADDRESS

Blankenship

Purdy Mo.

