

APR 30 1930

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

Do not use this space.

Morley
9788

File No. _____
Registered No. 63
St. _____ Ward _____

1. PLACE OF DEATH *Petta*
County _____ Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 2049-2) St. _____ Ward _____
2. FULL NAME Jess Lewis Roady Jr
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3-1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 7 min.

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

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

10. NAME OF FATHER J. H. Roady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Ruth Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark
(STATE OR COUNTRY) _____

14. INFORMANT J. H. Roady
(Address) Sedalia

15. FILED 3-5-30 1930 J. S. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1930
17. I HEREBY CERTIFY, That I attended deceased from March 3 1930 to March 3 1930 that I last saw him alive on March 3 1930 and that death occurred, on the date stated above, at 7 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Premature Birth
(duration) yrs. mos. ds. X
CONTRIBUTORY (SECONDARY) 1610
(duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Frank P. Morley M. D.
March 5 1930 (Address) Sedalia

*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 Sedalia DATE OF BURIAL Mar 4 1930

20. UNDERTAKER Julespie ADDRESS Sedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

