

OCT 28 1930

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

Do not use this space.

29564

1. PLACE OF DEATH
County Franklin Registration District No. 297 File No. _____
Township Washington Primary Registration District No. 3016 Registered No. 8989
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME John Daniel Roehrig
(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 67 yrs. mos. 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 <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 29-1879</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>8</u>	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Laborer</u> (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Washington Mo</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>Daniel Roehrig</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>			
	12. MAIDEN NAME OF MOTHER <u>Amalia Graefrath Koehn</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
14. INFORMANT <u>Emilie Roehrig</u> (Address) <u>Etlah Franklin Co Mo</u>				
15. FILED <u>Sep. 30 1930</u> <u>O. L. Murch</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from April 28 1930 to Sept 30 1930 that I last saw deceased alive on Sept 30 1930, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Emphysema, cardiac
468

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Not known
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
44
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
(Signed) Frank G. Mays M. D.
Sep. 30 1930 (Address) Washington 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 St Peters Cemeter DATE OF BURIAL Oct 3rd 1930

20. UNDERTAKER Otto & Co ADDRESS Washington Mo

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.

U