

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

Do not use this space.

14520

1. PLACE OF DEATH

County Jackson Registration District No. H-1 File No. _____
 Township Marie Primary Registration District No. 1000000 Registered No. 56
 City _____ (No. Jackson Co Home) _____ St. _____ Ward _____

2. FULL NAME

George Taylor Roland
 (a) Residence, No. Jackson Co Home 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 <u>m</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1842</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 92

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. old fields home 16

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1

FATHER

13. NAME Wm Roland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 51

MOTHER

15. MAIDEN NAME Mary Meadows

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) George Roland 719 W. Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Highway 20 Glasgow Mo DATE Apr 7 1931

19. UNDERTAKER (ADDRESS) Wagner's Bldg 1729 1/2 S. 3rd

FILED Apr 6 1931 J. J. [Signature] Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4, 1931

22. I HEREBY CERTIFY That I attended deceased from Med. 15, 1931 to April 4, 1931
 I last saw him alive on April 4, 1931 Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____

Stroke + cerebral insufficiency
920
 Other contributory causes of importance:
Similar

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. W. Cooper, M. D.
 (Address) 7200 - Vine St.

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.

MAY 2 3 1931

