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

Do not use this space.

31826

File No. .....
Registered No. 92

1. PLACE OF DEATH
County: Macon
Township: Round Grove
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 533
Primary Registration District No. 5721

2. FULL NAME: Jennie Grace Roemer

(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.

OCT 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Raymond Roemer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15" 1905

7. AGE: Years 26 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. Macon Co

FATHER
13. NAME: Albert Hibler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co. Mo.

MOTHER
15. MAIDEN NAME: Ora Ann McNees
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Danville Ill.

17. INFORMANT (ADDRESS): Mrs Albert Hibler Macon, Mo. R3

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ten Mile Cem. DATE: 9-22, 1931

19. UNDERTAKER (ADDRESS): Stephens & Goodding Macon, Mo

20. FILED: 9/31, 1931 Mrs Luke Dunkle, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-20", 1931

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to Sep 20, 1931
Last saw her alive on Sep 26, 1931. Death is said to have occurred on the date stated above, at 5-00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Chronic 92A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....

(Signed) T. M. Reavis, M. D.
(Address) Macon Mo