

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

Do not use this space.

33611

**1. PLACE OF DEATH**

County Buchanan, Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1603  
City St. Joseph, (No. 2225 North 3rd. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 1004

**2. FULL NAME** Isadore Roach,

(a) Residence, No. 2225 North 3rd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Roach,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>74</u>	<u>9</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home,

10. Date deceased last worked at this occupation (month and year) Oct. 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Nodaway County,  
(STATE OR COUNTRY) Missouri,

13. NAME William Irwin,

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Maria Stockton,

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

17. INFORMANT Mrs. E. Stockton  
(ADDRESS) 2225 North 3rd. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Cem. DATE Oct. 5, 1931

19. UNDERTAKER Heaton-Bigale Funeral Home  
(ADDRESS) 319 S. 10th. St. St. Joseph, Mo.

20. FILED 10-4-31, 19 John R. Bender, M.D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Oct 2, 1931.  
I last saw him alive on Oct 2, 1931. Death is said to have occurred on the date stated above, at 4:30 pm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic nephritis

Other contributory causes of importance:

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Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? Yes

If so, specify \_\_\_\_\_ (Signed) Reed Back, M. D.

(Address) St. Joseph, 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.

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