

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

Do not use this space.

18721

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 709 south 26 street) St. _____ Ward _____

File No. _____
Registered No. 555
St. _____ Ward _____

2. FULL NAME Jo Ann Roeder -

(a) Residence, No. 709 south 26 street 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>Female</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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1932</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Joseph / (STATE OR COUNTRY) Missouri

FATHER 13. NAME Emil Roeder

14. BIRTHPLACE (CITY OR TOWN) St. Joseph / (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Irene Grimes

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

17. INFORMANT Emil Roeder (ADDRESS) 709 south 26 street St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St. Joseph Mo. DATE June 7, 1932

19. UNDERTAKER H. C. Siders (ADDRESS) 1802 Union st. St. Joseph Mo.

20. FILED JUN 7 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1932

22. I HEREBY CERTIFY, That I viewed deceased from _____, 19____, to _____, 19____. I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:25A m.

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

Congenital Mitral Stenosis

Date of onset

Other contributory causes of importance:

none

Name of operation _____ Date of _____
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.
(Address) 821 Francis

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.

JUN 21 1932

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

REPORT OF THE
COMMISSION ON THE
ORGANIZATION OF THE
DEPARTMENT OF CHEMISTRY
AND THE
SCHOOL OF CHEMISTRY

1964

CHICAGO, ILLINOIS

1964