

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Kaw

Primary Registration District No.

City K.C. Mo.

(No. 2117 Swope Parkway)

35882

File No.

Registered No.

4392

St. Ward)

2. FULL NAME

Mrs. Eva G. Roll

(a) Residence, No.

(Usual place of abode)

5912 Paseo

St. 15 Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Charles Roll

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

Mar. 2, 1855

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

77

8

19

OCCUPATION

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

At Home

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)

Illinois

MOTHER FATHER

13. NAME

Sam Gallagher

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

Virginia

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Charles Roll
5912 Paseo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia, Mo DATE 11-23-32 19

19. UNDERTAKER (ADDRESS)

R.V. Lindsey & Sons, Inc.
K.C. Mo.

20. FILED

Nov 22 1932 M. M. Cozart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21-32 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932, to Nov 21st 1932

I last saw him alive on Nov 21 10:30 PM Death is said to have occurred on the date stated above, at m.

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

Senile Dementia

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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 D

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO

(Signed) M. M. Cozart M. D.
(Address) 1115 Grand
K.C. Mo.

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