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

Do not use this space.

49446

File No. 8

Registered No. 40

1. PLACE OF DEATH

County Lawrence

Township Pierce

City ~~Pierce City~~ (No. Milo and ¼ West St. Ward)

Registration District No. 471

Primary Registration District No. 5634

JAN 9 1933

2. FULL NAME William Washington Roark

(a) Residence, No. Milo and ¼ West 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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13 1849

7. AGE: Years 83 | Months 1 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month, day, year) Oct 20 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky 2

FATHER

13. NAME Wilson Roark 4

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

MOTHER

15. MAIDEN NAME Elizabeth Davis

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

17. INFORMANT (ADDRESS) Betty Roark Pierce City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pierce City Cem DATE Dec 4 1932

19. UNDERTAKER (ADDRESS) Tracy J. Barry Pierce City Mo

20. FILED 12/4 1932 H Ross Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1932 to Dec. 2 1932

I last saw him alive on Dec. 2 1932 Death is said to have occurred on the date stated above, at 4 P m.

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

	Date of onset
Influenza	Oct 15
11 a	
10 a	

Other contributory causes of importance Bronchio Pneumonia — Oct 21

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 .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E B Knight, M. D.

(Address) Pierce City Mo

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.