

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

Do not use this space.

9075

**1. PLACE OF DEATH**

County Dunklin  
Township Buffalo  
City Cardwell (No. ....)

Registration District No. 283  
Primary Registration District No. 540V

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Zona Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9th 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
32 5 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Smith Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER F. E. Roff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kennett Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ollie M. Higwonger, 19 (Address) Cardwell Mo,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Camfork Mo  
(STATE OR COUNTRY)

14. INFORMANT F. E. Roff  
(Address) Cardwell Mo.

15. FILED 3/10 32 Lucie Weibel  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10th 1933

17. I HEREBY CERTIFY That I attended deceased from Mar 5th 1933 to Mar 10th 1933  
that I last saw him alive on Mar 10th 1933 and that death occurred, on the date stated above, at 7:10 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
108  
(duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) D. A. Garner, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cardwell Mo. DATE OF BURIAL 3/11 1933

20. UNDERTAKER Howard H. Anderson ADDRESS Cardwell Mo.

MAY 22 1933

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.

81-20-34

170

40