

APR 24 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.

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

Do not use this space.

10607

1. PLACE OF DEATH

County Putnam
Township Smithton
City Smithton (No.)

Registration District No. 669
Primary Registration District No. 5842

File No.
Registered No. 3
St. Ward

2. FULL NAME

William Garrett Roman

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Maggie Roman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13-1880
7. AGE YEARS 52 MONTHS 3 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Smithton Mo (STATE OR COUNTRY) Missouri

FATHER 13. NAME Geo W Roman

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

MOTHER 15. MAIDEN NAME Sarah Bohon

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

17. INFORMANT (ADDRESS) Mrs Maggie Roman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton DATE Mar 28 1933

19. UNDERTAKER (ADDRESS) A. F. Remmeyer Smithton Mo

20. FILED 3-28 1933 Mrs J L Momees Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933, to 3-26-33, 1933

Last saw him alive on 3-26-33, 1933 Death is said to have occurred on the date stated above, at 4:50 pm.

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

Chronic
Myocarditis
Other contributory causes of importance: 930

Date of onset

Name of operation Symptom Date of No

What test confirmed diagnosis? Symptom Where 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 Chronic

(Signed) Chronic, M. D.

(Address) Smithton Mo

