

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

Do not use this space.

12159

1. PLACE OF DEATH

County Warren
Township Secretary Grove
City (No. _____) _____

Registration District No. 882
Primary Registration District No. 6174

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

William Raymond Roemer

(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Roemer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2nd 1900</u>				
7. AGE	YEARS <u>32</u>	MONTHS <u>9</u>	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>
	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)
Near Warrenton Missouri

MOTHER FATHER 13. NAME John Roemer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Near Warrenton Missouri

MOTHER 15. MAIDEN NAME Ella Hammon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Near Warrenton Missouri

17. INFORMANT (ADDRESS)
Mrs. Rose Roemer Wright City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton City DATE 3/16th 1933

19. UNDERTAKER (ADDRESS)
F. W. Fishung Warrenton Mo

20. FILED 3/15 1933 W. S. Clarenbach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5th 1932 to Mar 14th 1933
I last saw him alive on Mar 14th 1933 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Pseudo Leukemia (Hodgkins Disease)
17 1/2

Date of onset 1931 Feb.

Other contributory causes of importance: 120

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. S. Clarenbach, M. D.

(Address) Wright City Mo

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.

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