

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

Do not use this space.

15657

1. PLACE OF DEATH

7 County Bates Registration District No. 47
1 Township Neer-creek Primary Registration District No. 4037
3 City Adrian (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Thomas H. Roach

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

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. (If nonresident, give city or town and State)

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>Betty Roach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 - 1871</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>9</u>	DAYS <u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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)
Bates Co. Mo.

13. NAME
Moris Roach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Not known

15. MAIDEN NAME
Rosella Masold.

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

17. INFORMANT (ADDRESS)
Carra Muck

18. BURIAL, CREMATION, OR REMOVAL PLACE
Present Hill DATE
May 5 - 1933

19. UNDERTAKER (ADDRESS)
Leath and Son Adrian

20. FILED 6/10 1933 Leath Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ p.m.

The principal cause of death and related causes of importance were as follows:
gun shot wound in left chest.

Other contributory causes of importance:
167 167

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? suicide Date of injury 5/3, 1933
Where did injury occur? Adrian Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury gun shot wound
Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. A. Nathan M.D.
(Address) Coroner of Bates Co. 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.

MAY 20 1933

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