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.

JAN 26 1934

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

Do not use this space.

39378

15

1. PLACE OF DEATH

County Camden — Registration District No. 120 — File No.

Township Russell — Primary Registration District No. 5172 — Registered No. 12

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lauretia H. Roofener

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Mike Roofener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16th 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	9	8	

OCCUPATION

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

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) Nov. 1st 1933

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cocahontas Arkansas

FATHER

13. NAME John Bigger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Catherin Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) J. W. Dreneen Macks Creek Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Roach Cemetery DATE Dec 25th 1933

19. UNDERTAKER (ADDRESS) Abbie Bankson Camdenton Mo

20. FILED 12/25/ 1933 Dr. G. T. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th 1933, to Dec 24th 1933

I last saw her alive on Dec 23rd 1933. Death is said to have occurred on the date stated above, at 10:20 A.m.

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

Broncho Pneumonia — Date of onset 11-1-33

107A

107A

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. 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) G. T. Myers, M. D.

(Address) Macks Creek, Mo.