

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

Do not use this space.

39677

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City Malvern (No.)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No. St. Ward

2. FULL NAME Wm. J. Roach

(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 Widower (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Roach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11th 1850

7. AGE YEARS 83 MONTHS 0 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Praying
10. Date deceased last worked at this occupation (month and year) 1918
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) All.

13. NAME Roach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs. Geo. Wagoner (ADDRESS) Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 12-3, 1933

19. UNDERTAKER H. L. Craig (ADDRESS) Malden Mo

20. FILED 12-3, 1933 S. E. Mitchell Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Dec 3rd, 1933

I last saw him alive on Dec 1st, 1933. Death is said

to have occurred on the date stated above, at 2:10 p. m.

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

Apoplexy
Chronic myocarditis
Date of onset Nov 2 1933

Other contributory causes of importance: 10 yr

Name of operation none Date of

What test confirmed diagnosis? clinical Was there 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

(Signed) J. W. W. Cave, M. D.
(Address) Malden Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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
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