

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

Do not use this space.

305

1. PLACE OF DEATH

11 County Buchanan
Township Washington
City _____ (No. _____)

Registration District No. 2
Primary Registration District No. 5127
Buchanan county infirmary

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME John W. Roach,

(a) Residence, No. _____ St. _____ Ward. DeKalb, Missouri,
(Usual place of abode)
Length of residence in city or town where death occurred 3 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 (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1852				
7. AGE	YEARS 82	MONTHS Unk.	DAYS unk.	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm,			
	10. Date deceased last worked at this occupation (month, day, year) Jan'y. 1, 1934		11. Total time (years) spent in this occupation 50	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte county, Missouri,			
	13. NAME Gordon Roach,			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, Kentucky,			
	15. MAIDEN NAME unknown,			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown,			
	17. INFORMANT <u>Fred E. Roach</u> (ADDRESS) <u>R. F. D. #1, St. Joseph, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DeKalb, Mo.</u> DATE <u>Jan'y. 6, 1934</u>				
19. UNDERTAKER <u>Heaton, Bittel & Bowman</u> (ADDRESS) <u>315 S. 10th St. St. Joseph, Mo.</u>				
20. Date <u>Jan 5, 1934</u> Registrar <u>J. W. Roach</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y. 4th, 1934
22. **HEREBY CERTIFY,** That I attended deceased from Dec 20, 1933 to Jan. 1st, 1934
I last saw him alive on Jan 1st, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset both
Asterio sclerosis
Prostatic Hypertrophy known
Other contributory causes of importance: _____

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 Albert C. Holley M. D.
(Signed) 872 Edmund St. Joseph, Mo.
(Address)

WHILE PLAIN 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.

FEB 7 1934

J. W. Roach

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

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RECEIVED

JUN 10 1964

STAFF OFFICE

44

1964

1964

32 JUN 10 1964

1964

NOTE: ATTORNEY GENERAL

John D. Rosen

1964

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