

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Howard
Township Richmond
City (No.) St. Ward)

Registration District No. 378
Primary Registration District No. 5576

File No. 4727
Registered No. 15

2. FULL NAME State Roston

(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

1. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
<u>80</u>	<u>#</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, Sawyer, bookkeeper, etc. <u>Servant</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) <u>Unknown</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Ben Burton</u> (ADDRESS) <u>Fayette, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Howard Co.</u> DATE <u>2/28/34</u>				
19. UNDERTAKER <u>Guy T. Hallor</u> (ADDRESS) <u>Fayette, Mo.</u>				
20. FILED <u>728</u> 19 <u>34</u> <u>G. Z. Bonbauer</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 27 1934

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 9:34 a.m.
The principal cause of death and related causes of importance were as follows:
Myocardial Infarct
General Anoxemia
92A

Date of onset 2 days

Other contributory causes of importance:
92A

Name of operation..... Date of.....
What test confirmed diagnosis? History 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.S. Archibald M.D.
(Address) Fayette, Mo.

