

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

Do not use this space.

9112

1309

1. PLACE OF DEATH

County Jackson
Township 1st
City Kansas City

Registration District No. 388
Primary Registration District No. 1000
(No. 2800 East 24th)

File No.
Registered No.
St. Ward)

2. FULL NAME Liss Larv J Roach

(a) Residence, No. 2326 Chestnut 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>April 25, 1863</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>10</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington D C</u>	
	13. NAME <u>Roach</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
FATHER	15. MAIDEN NAME <u>Kate Wren</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mrs Mary Manley</u> (ADDRESS) <u>2409 Chestnut St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Larvs Cem</u> DATE <u>3/24/34</u>		
19. UNDERTAKER <u>Quirk & Tobin Co.</u> (ADDRESS) <u>20 West Linwood</u>		
20. FILED <u>Mar 22 1934 M. M. Corone</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1934 to Mar 21 1934

I last saw h. or alive on Mar 21 1934 Death is said to have occurred on the date stated above, at 11:35 P M

The principal cause of death and related causes of importance were as follows:
myocardial reaction Date of onset 3-19-34

Other contributory causes of importance:
Bronchial Pneumonia 3-19-34

Name of operation None Date of
What test confirmed diagnosis? Chemical only 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?
If so, specify

(Signed) W. H. Lane M.D. M. D.
(Address) 827 Rialto Bldg.

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.

APR 25 1934

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