

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

Do not use this space.

**1. PLACE OF DEATH**

County Butler Registration District No. 89 File No. 23445  
 Township Paplar Bluff Primary Registration District No. 5131 Registered No. 164  
 City Paplar Bluff, Mo. (No. ....) St. .... Ward)

**2. FULL NAME**

Charles Benjamin Roland  
 (a) Residence, No. Paplar Bluff, Mo. (Victory Hill add.) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 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) Aug 3-1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>—</u>	<u>11</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Paplar Bluff, Mo.

13. NAME Tony Roland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

15. MAIDEN NAME Opal Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Mo.

17. INFORMANT (ADDRESS) Opal Reed, Paplar Bluff, Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek Cem. DATE July 31, 1934

19. UNDERTAKER (ADDRESS) N. T. Phelps, Paplar Bluff, Mo.

20. FILED 7-30-1934 W. S. Bailey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1934

22. I HEREBY CERTIFY, that I attended deceased from July 29 1934, to July 30 1934. I last saw him alive on July 29, 1934. Death is said to have occurred on the date stated above, at 6:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

acute gastro-enterocolitis Date of onset July 20  
119B  
119b  
 Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) L. H. Dunn M. D.  
 (Address) Tracy, Mo. Paplar Bluff, 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.

AUG 14 1934

