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 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Daviess — Registration District No. 250 — File No. 23916
Township — Primary Registration District No. 4150 — Registered No. 719
City Gallatin (No. , St. Ward)

2. FULL NAME Frank Roland

(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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Roland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 8, 1880

7. AGE: YEARS 53 — MONTHS 11 — DAYS 10 — 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 and year): Jan. 1929
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co., Missouri

FATHER
13. NAME: Silas Roland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER
15. MAIDEN NAME: Anna Needham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

17. INFORMANT (ADDRESS): Mrs. Mary Roland Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE July 20, 1934

19. UNDERTAKER (ADDRESS): Hope Furn. & Undt. Co., Gallatin, Mo.

20. FILED 7-21-, 1934 P. L. Gardner Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to July 18, 1934
I last saw him alive on July 18, 1934. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	7/18/34

Other contributory causes of importance:

Pulmonary Tuberculosis	Jan 1/34

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) M. A. Smith, M. D.
(Address) Gallatin Mo