

MAY 23 1935

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

Do not use this space.

12174

File No.

Registered No. 12

St. Ward)

1. PLACE OF DEATH

16 County Carroll
Township Combs
City (No.

Registration District No. 134

Primary Registration District No. 5789

2. FULL NAME

Anna Roller
(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

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noah Roller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Carroll Co. Mo.

13. NAME Robt. Childs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.

17. INFORMANT (ADDRESS) Noah Roller

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 4-14-35

19. UNDERTAKER (ADDRESS) Stanley

20. FILED Apr. 25 1935 Mrs. Bess Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12 193522. I HEREBY CERTIFY, That I attended deceased from 4-1, 1935, to 4-12, 1935

I last saw him alive on 4-12, 1935. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Cardiovascular Disease Date of onset

Other contributory causes of importance
There are no contributory causes - the above is a primary disease
H.B.S.

Name of operation 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?

If so, specify

(Signed) D. B. Brown, M. D.(Address) Carrollton Mo

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.

