JUN 18 1935

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

Do not use this space.

15703

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 593

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Luella B. Roach,

(a) Residence, No. (Usual place of abode) St., Ward. Willow Brook, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Henry G. Roach,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 19, 1877

7. AGE: YEARS 58 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,

10. Date deceased last worked at this occupation (month and year): May 1935,

11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

FATHER

13. NAME: George Gaunt,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER

15. MAIDEN NAME: Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Henry G. Roach R.F.D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DeKalb, Mo. DATE June 2nd 1935

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 314 So. 10th Funeral Home

20. FILED 5/29 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935 to May 31, 1935

I last saw her alive on May 31, 1935. Death is said to have occurred on the date stated above, at 4:00 pm.

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

Heart Disease, arteriosclerotic. — Date of onset: —

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Other contributory causes of importance: Cholecystitis, Chr.

Name of operation — Date of

What test confirmed diagnosis? — 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) H W Carbe, M. D.

(Address) 301 Pd 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.