

AUG 20 1935

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

Do not use this space.

23891

## 1. PLACE OF DEATH

County Newton  
Township  
City Seneca Mo (No. ....)

Registration District No. 611  
Primary Registration District No. 4365

File No. ....  
Registered No. 29 St. .... Ward)

## 2. FULL NAME

(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 Remona Roark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 7 14

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

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) Mo

13. NAME Burtis Roark

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

15. MAIDEN NAME Julia Blankship

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

17. INFORMANT Mrs Jim Montgomery (ADDRESS) Seneca Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Mo DATE July 10, 1935

19. UNDERTAKER Norman Mitchell (ADDRESS) Seneca Mo

20. FILED July 12, 1935 Merle Sparlin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1935

22. I HEREBY CERTIFY That I attended deceased from June 27, 1935 to July 9, 1935

I last saw him alive on June 25, 1935 Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Chronic dilatation of heart Date of onset 1934

Other contributory causes of importance:

Chronic nephritis 1933

Name of operation None Date of

What test confirmed diagnosis Autopsy 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

Where did injury occur? Home (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) Charles Dale M. D.

(Address) Seneca 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.

