

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.

W. H. Gooch

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

Do not use this space.

SEP 23 1935

1. PLACE OF DEATH

County *Macon*
Township *Hudson*
City *C. C. Roland* (No. *4*)

Registration District No. *533*
Primary Registration District No. *5713*

File No. *26993*
Registered No. *204*
St. _____ Ward _____

2. FULL NAME

(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 *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Cecil Roland*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 7 - 1891*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 15

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

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) *Wodaway Co Mo*

13. NAME *Samuel J. Roland*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Holt Co Mo*

15. MAIDEN NAME *Lena V. Smith*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wodaway Co Mo*

17. INFORMANT *Cecil Roland* (ADDRESS) *Savannah Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Savannah Mo*, DATE *8 - 25 1935*

19. UNDERTAKER (ADDRESS) *Stephens & Goodding Macon, Mo.*

20. FILED *9/10*, 1935 *Leoto Kertler* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-22 35*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said

to have occurred on the date stated above, at *5:00* p. m.

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

Inquest jury found that Cecil Roland came to his death by means of a revolver shot wound with 32 Cal. fired at close range and inflicted in the upper part of the neck penetrating entirely through the head, the bullet being in the hand of Jim Neight.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) *W. H. Gooch*, M. D.

(Address) *Edmer Mo. Corner*

100

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

Do not use this space.

1. PLACE OF DEATH

County Macon Registration District No. 333 File No. _____
 Township Hudson Primary Registration District No. 2713 Registered No. 204
 City _____ (No. _____) 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 44 15

8. Trade, profession, or particular kind of work done, as spliner, 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT _____ (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____ PLACE _____ DATE _____ 19.

19. UNDERTAKER _____ (ADDRESS) _____

20. FILED 9/10 1935 Leola Newton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
revolver shot wound Date of onset _____

Other contributory causes of importance: MS

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? homicide Date of injury 8/22 1935
 Where did injury occur? near Macon, Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place
 Manner of injury homicidal revolver shot
 Nature of injury gun shot wound of head

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. E. Booth M.D.
 (Address) Elmer 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SUPPLEMENTARY

CP&I 6 R 1500

S-26993