

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.

NOV 9 1935

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

Do not use this space.

34312

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City (No. *Christian*)

File No.
Registered No. **8737** (Ward)

2. FULL NAME

Charles J. Roman

(a) Residence, No. *2100 E. Harne* St., *9* 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. *9* 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 Roman*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5-16-1884*
7. AGE YEARS *51* MONTHS *5* DAYS *0* If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Baker*
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) *St. Louis* (STATE OR COUNTRY) *MO*

13. NAME *John Roman*

14. BIRTHPLACE (CITY OR TOWN) *France* (STATE OR COUNTRY)

15. MAIDEN NAME *Clara Linder*

16. BIRTHPLACE (CITY OR TOWN) *Ill.* (STATE OR COUNTRY)

17. INFORMANT *Mrs. Mary Roman* (ADDRESS) *2100 E. Harne*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *10/31*, 19*35*

19. UNDERTAKER *H. A. Stock and Co.* (ADDRESS) *2117 E. Grand St.*

20. FILED *OCT 17 1935* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 16*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 9*, 19*35*, to *Oct 16*, 19*35*.
I last saw him alive on *Oct 16*, 19*35*. Death is said to have occurred on the date stated above, at *8 P.* m.

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

Other contributory causes of importance:
Isho rectal abscess due to diabetes

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) *H. A. Lehman*, M. D.
(Address) *1511 S. Grand St.*

Whitney

1511 F. Grand

col. 5190

3512 Palm

col. 8140