

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

Do not use this space.

40183

1. PLACE OF DEATH

DEC 17 1935

County Frank
Township Marceline
City Marceline (No.)

Registration District No. 502
Primary Registration District No. 4305

File No.
Registered No. 47
St. Ward

2. FULL NAME

Dr. Marion M. Roland

(a) Residence, No. Enroute Santa Fe Train Ward. Oklahoma City Okla
(Usual place of abode) to Chicago
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1935 19

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

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 1:10 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1882

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 19

Date of onset 11/30/35

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

Coronary occlusion

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Name of operation Date of

13. NAME Geo. W. Roland

What test confirmed diagnosis: history Was there an autopsy? no

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

15. MAIDEN NAME Eliza J. Brink

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.

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

Manner of injury

17. INFORMANT Dr. Geo. E. Roland
(ADDRESS) Med. Arts Bldg. - Okla. City, Okla.

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairlawn Cemetery DATE 12-3-35 19...
Okla. City, Okla.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

19. UNDERTAKER James H. Thompson
(ADDRESS) Marceline Mo

(Signed) J. B. Patton, M. D.

20. FILED 12/1 1935 Olive Barrett
Registrar.

(Address) Marceline

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

OCCUPATION
FATHER
MOTHER

