MAR 17 1936

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

Do not use this space.

5188

File No.

Registered No. 21

1. PLACE OF DEATH
County Cooper
Township ~~Boonville~~
City Boonville (No. St. Ward)

Registration District No. 218
Primary Registration District No. 3015

2. FULL NAME Martin Roth
(a) Residence, No. Pilot Grove St. Ward. Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-1866
7. AGE Years 69 Months 4 Days 16 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan 36
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri

FATHER
13. NAME Louis Roth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Mary Meier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT Chas Roth
(ADDRESS) Pilot Grove Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evangelical Cem DATE Feb 19 1936
19. UNDERTAKER Hays & Stoeckleine
(ADDRESS) Pilot Grove Mo
20. FILED Feb 17 1936 E. Houpt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12-, 1936, to 2-17-, 1936
I last saw him alive on 2-17, 1936 Death is said to have occurred on the date stated above, at 12 30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Feet & Right Hip	2-3-36
Arteriosclerosis	1930?

Other contributory causes of importance:
Hypertensive Cardio-Renal Dis
Diabetes Mellitus

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) J O Boley, M. D.
(Address) Pilot Grove, 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