APR 16 1936

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

Do not use this space.

9647

1. PLACE OF DEATH
County Carroll
Township Drewitt
City Drewitt
Registration District No. 136
Primary Registration District No. 4076
File No.
Registered No. 4
(No. , St. Ward)

2. FULL NAME Roger J. Ulrey
(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 Martha Winifred Ulrey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-1888
7. AGE YEARS 47 MONTHS 3 DAYS 23 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Mo

FATHER
13. NAME John R. Ulrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Mo

MOTHER
15. MAIDEN NAME Roberta Barnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Mo

17. INFORMANT (ADDRESS) F. W. Ulrey Booneville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wharton Cem DATE 3-24 1936
19. UNDERTAKER (ADDRESS) Willis Funeral Home Carrollton Mo
20. FILED 3-23- 1936 Calvin Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22- 1936
22. I HEREBY CERTIFY, That I attended deceased from 3-22 1936, to 3-22 1936
I last saw him alive on 3-26-1936, 19 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:
Mitral insufficiency

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) J. L. Felzer J. E. Hollis, M. D.
(Address) Brunswick Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor