

JUL 16 1936

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

Do not use this space.

21962

1. PLACE OF DEATH

County Baker Registration District No. 6-14
Township Lawrence Primary Registration District No. 14
City Independence (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. 1 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 6 1/2 min.

8. Trade, profession, or particular kind of work done, as spinner, 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) Independence, Mo.

13. NAME Gerald M. Roland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swart Co, Mo.

15. MAIDEN NAME Ruth Edmond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swart Co, Mo.

17. INFORMANT Ruth Edmond

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Lodge DATE 6-27 1936

19. UNDERTAKER St. J. Baker

20. FILED 6-27 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1936, to 6-17 1936

I last saw him alive on 6-14 1936 Death is said to have occurred on the date stated above, at a.m.

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

Coronary artery disease Date of onset 5-20-36

Other contributory causes of importance:

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 if deceased?

If so, specify

(Signed) J. J. D. [Signature], M. D.

(Address) Independence, Mo.

