

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

Do not use this space.

DEC 3 1936

791

42855

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No.....)

City Hospital No. 1

File No.....

Registered No.....

St. .... Ward)

B. 11937

2. FULL NAME

Alice Roff

(a) Residence, No. ....  
(Usual place of abode)

1411 South Newstead / 8 Ward.

(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 female 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

James M. Roff

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

Aug 15, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

67

3

1

OCCUPATION

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

hwk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

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)

Missouri

FATHER

13. NAME

Farris Roff

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

?

MOTHER

15. MAIDEN NAME

?

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

?

17. INFORMANT (ADDRESS)

Hosp. Info Mildred H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sullivan, Mo. DATE 11-19 1936

19. UNDERTAKER (ADDRESS)

Albert H. Hogan 429 N. Euclid

20. FILED

NOV 17 1936

J. F. Breckes  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16/36 1936

22. I HEREBY CERTIFY That I attended deceased from 11/14/36 to 11/16/36

I last saw her 11/16/36 alive on 11/16/36, 1936. Death is said to have occurred on the date stated above, at 5.30 p.

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

Atherosclerosis of myocardium and chordae, failure General arteriosclerosis

Date of onset

Other contributory causes of importance:

Senility

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) Chas. M. Jessico M. D.

(Address) City Hospital No. 1

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.

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