MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 5116
Township Primary Registration District No. 1001 Registered No. 200
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME James H. Roach,
(a) Residence, No. 1 Mo. So., DeKalb Road St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. 9 mos. 29 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): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Roach,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15, 1876
7. AGE: YEARS 60 MONTHS 9 DAYS 29 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. Farm,
10. Date deceased last worked at this occupation (month and year) February 1937
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: Andrew Roach,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER
15. MAIDEN NAME: Catherine Robertson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

17. INFORMANT (ADDRESS): Mrs. James H. Roach R.F.D. # 6, St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Feb'y 17, 1937
19. UNDERTAKER (ADDRESS): Heaton-Belsole-Bowman 319 So. 10th. Street, Funeral Home
20. FILED Feb 17 1937 H J Heatlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 14th, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936 to Feb 14, 1937
I last saw him alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Larnyx	Nov 1936

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Biopsy 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) G. Robt. Forgrave, M. D.
(Address) Logan Bldg St Joseph 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.