

MAR 22 1937

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

Do not use this space.

6942

1. PLACE OF DEATH

County LACLEDERegistration District No. 449Township LEBANONPrimary Registration District No. 5609

City.....

(No.....)

St.....

Ward.....

2. FULL NAME

WILLIAM HENRY ROACH

(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

LENA SMITH

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

July 7 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5983

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)

Tenn

13. NAME

Albert Roach

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

Tenn

15. MAIDEN NAME

Net Brown

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

17. INFORMANT (ADDRESS)

Mrs Lena Roach Lebanon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smith CemeteryDATE 2-1137

19. UNDERTAKER (ADDRESS)

Palmer Tenn

20. FILED

2-10-37 J. A. McCoub

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 10 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 11, 1936, to Feb 10, 1937I last saw him alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 12:5 A.M.

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

Date of onset

Acute myocarditis

Other contributory causes of importance:

J. B. PulmonaryName of operation none Date of.....What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 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 none

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed)

J. Benage

, M. D.

(Address)

Lebanon, 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.

