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JUN 17 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. ....  
Township ..... Primary Registration District No. ....  
City St Joseph (No. State Hospital # 2) St. .... Ward (No. ....)

File No. 10548  
Registered No. 640

## 2. FULL NAME

MARIA ROUNDTREE.

(a) Residence, No. 2118 Forest St. .... Ward. Kansas City Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24, 1870.</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>	DAYS <u>5</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter - Barber</u>			
	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) <u>Independence Mo</u>				
FATHER	13. NAME <u>Elijah Roundtree</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Charles</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			

17. INFORMANT <u>State Hosp # 2</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City Mo</u> DATE <u>June 1</u> 19 <u>37</u>				
19. UNDERTAKER <u>Walters Bros</u> (ADDRESS) <u>Kansas City Mo.</u>				
20. FILED <u>5/31</u> 19 <u>37</u> <u>H. Heitbuch</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 193722. I HEREBY CERTIFY, That I attended deceased from Nov 14 1937, to May 29 1937I last saw him alive on May 29 1937. Death is saidto have occurred on the date stated above, at 5:45 p.m.

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

General Paralysis of the Insane Date of onset 1935 plus

Other contributory causes of importance: 830Name of operation None Date of .....  
What test confirmed diagnosis? Laboratory Was there an autopsy? No23. 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? NoIf so, specify Bruce C Miles, M. D. (Signed) ....., M. D.(Address) State Hospital # 2By DeLong M. T.

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.

