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.

SEP 15 1937

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

Do not use this space.

File No. 30114

Registered No. 4

1. PLACE OF DEATH

County [redacted], Buchanan — Registration District No. 81

Township Bloomington — Primary Registration District No. 5122

City ..... (No. 5 Mi. So., DeKalb, Mo. ..... St. ..... Ward)

2. FULL NAME Martha Washington Roach,

(a) Residence, No. 5 Mi. So. DeKalb, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeese C. Roach,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	77	11	23	

OCCUPATION

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

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) Platte County, Missouri,

FATHER

13. NAME H.B.C.Harris,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jesse C. Roach R.F.D.# 2, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Cem. DATE Aug. 4th 1937

19. UNDERTAKER (ADDRESS) Heaton-Beyale & Bowman St. Joseph, Mo. Funeral Home

20. FILED 9/6 1937 J. W. McAdow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1937, to Aug 2, 1937

I last saw her alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 6:30 pm.

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

	Date of onset
Valvular Heart disease	1935

92a

Other contributory causes of importance:

Arterial Sclerosis and Dropsy

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

What test confirmed diagnosis? usual test 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) E. B. McAdow, M. D.

(Address) DeKalb Mo.