

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

Do not use this space.

SEP 17 1937

1. PLACE OF DEATH

County N Harrison
Township Leipsich
City Wentzfield (No. _____)

Registration District No. 346
Primary Registration District No. 5484

File No. 30786
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Charles Lloyd 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10, 1937</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>11</u> hrs. or <u>11</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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>Wentzfield, Mo.</u>		
FATHER	13. NAME <u>Lloyd L. Roach</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla. Okla.</u>	
MOTHER	15. MAIDEN NAME <u>Celesta Weddle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Lloyd Roach, Wentzfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wentzfield Cemetery, Sept 11, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Frank A. Doolittle, Wentzfield, Mo.</u>		
20. FILED <u>8-14-1937</u> <u>Chas. Adams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937, to Aug 10, 1937
I last saw him alive on Aug 10, 1937. Death is said to have occurred on the date stated above, at 6 P. M.
The principal cause of death and related causes of importance were as follows:
Blue Baby Smothering Heart
Date of onset: _____

Other contributory causes of importance:
1570

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) F. B. Long, M. D.
(Address) P. Sheridan

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.

