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

Do not use this space.

File No. 33756
Registered No. 1065

OCT 33

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. State Hospital No. 2. St. Ward)
Registration District No.: 1004
Primary Registration District No.:

2. FULL NAME: James Roe
(a) Residence, No. Jackson Co. Mo 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 yrs. 5 mos. 7 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: Mrs Lettie Roe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26, 1868

7. AGE: Years 69 | Months 7 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown.
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): Unknown.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Missouri.

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Unknown.

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Unknown.

17. INFORMANT (ADDRESS): Hospital records St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kansas City Mo. DATE: Sept 29, 1937

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.

20. FILED: 9-29, 1937 H. J. Nestlehut By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1937, to Sept. 28, 1937. I last saw h. alive on Sept. 28, 1937. Death is said to have occurred on the date stated above, at 11:50 P.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation: ... Date of:
What test confirmed diagnosis? Clinical. 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. E. DeLong, M. D.
(Address) State Hospital no 2.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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