

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.

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH
 County JACKSON Registration District No. 396
 Township Ft. Osage Primary Registration District No. 4233
 City Buckner (No. _____) St. _____ Ward _____

File No. 37829
 Registered No. _____

2. FULL NAME Edward Coleman Roth
 (a) Residence, No. Buckner Missouri St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 43 yrs. X mos. X 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. Nora Roth.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1864
 7. AGE YEARS 73 MONTHS 3 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 yr.
 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corder Missouri

13. NAME Edward Coleman Roth Sr

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

15. MAIDEN NAME May Vivian Webb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange County Virginia

17. INFORMANT Mrs. Nora Roth (ADDRESS) Buckner Mo.

18. BURIAL, CREMATION OR REMOVAL X PLACE Buckner Mo. DATE Oct. 10, /37.

19. UNDERTAKER Vernon L. Ruppert. (ADDRESS) Buckner Mo.

20. FILED Oct 8 1937 John W. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1936, to Oct 8, 1937
 I last saw him alive on Oct 8, 1937. Death is said to have occurred on the date stated above, at 2:30 AM
 The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation

Date of onset

Unknown

Other contributory causes of importance: X

Name of operation None Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 1937
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John W. Robertson, M. D.
 (Address) Buckner Mo.

