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.

REC'D JUL 12 1938

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

Do not use this space.

21012

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Joseph Hospital St. 2463 Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No.

2. FULL NAME John Rooth
(a) Residence, No. 733 W. 44 Terr. 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 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 Mildred Rooth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1882
7. AGE 56 YEARS MONTHS 3 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Mo Police Dept
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) Hayes Kans.

FATHER
13. NAME John Rooth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amsterdam Holland

MOTHER
15. MAIDEN NAME Marie Pelza
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna, Austria

17. INFORMANT John Rooth Jr.
(ADDRESS) 733 W. 44 Terr.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 6-20-38, 19
19. UNDERTAKER Sheehan Funeral Home
(ADDRESS) 4316 Troost Ave.
20. FILED June 19, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1937, to June 18, 1938
I last saw him alive on 17 June, 1938 Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
51	

Other contributory causes of importance:
General carcinosis

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

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) [signature], M. D.
(Address) 924 Argyle Bldg.