

LEO JAN 6 1939

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

Do not use this space.

42474

1. PLACE OF DEATH

County Butler Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff (No. _____) St. _____ Ward _____

File No. _____
Registered No. 235

2. FULL NAME 360 Oscar G. Roeder

(a) Residence, No. St. Louis St. _____ Ward _____ Brandon Hosp.
(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lorena Roeder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10, 1889</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>10</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R. R. Ties</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME George Roeder

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Annie Keller

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Oscar Roeder (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 12-18 1938

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 12/18 1938 Chutinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 17 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:45 P.

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

Internal Hemorrhage	Date of onset <u>12-17</u>
Other contributory causes of importance: <u>Traumatic Shock</u>	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-17, 1938
Where did injury occur? Public Highway Butler Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Highway

Manner of injury Head went thru car windshield
Nature of injury Deep throat laceration.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) Chas W. Miller M. D.
(Address) Poplar Bluff, Mo.

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

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.

