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.

I X9314

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

REC'D FEB 21 1939

Do not use this space.

1. PLACE OF DEATH
County Cedar
Township
City Eldorado Springs (No. ..... St. ..... Ward)
Registration District No. 163
Primary Registration District No. 4095
File No. 1949
Registered No. 2

2. FULL NAME Charlie Roe

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary M Roe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1860

7. AGE: YEARS 78 | MONTHS 3 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired (20 yrs)
10. Date deceased last worked at this occupation (month and year) 1918
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills 1

FATHER
13. NAME O. C. Roe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills 1

MOTHER
15. MAIDEN NAME Matilda Pentecost
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Ills.

17. INFORMANT O. C. Roe (ADDRESS) Eldorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City (Cem) DATE 1-9-1939

19. UNDERTAKER Gwinn-Siders (ADDRESS) Eldorado Springs Mo

20. FILED 1-9-1939 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

39

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-8-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1939, to Jan 8, 1939
I last saw him alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrage

Date of onset

8221

Other contributory causes of importance:

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) L. T. Dunaway, M. D.
154 (Address) El Dorado Spgs Mo

RECEIVED
District Health Officer No. 7.
District File Number 7-39-233
Date Filed 2-8-39