

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.

MISSOURI STATE BOARD OF HEALTH

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

Do not use this space.

21369

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1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Low Primary Registration District No. 100
 City Kansas City (No. 1) Research Hospital St. _____ Ward _____

2. FULL NAME

HIC Infant-Roef
 (a) Residence, No. _____ St. _____ Ward. Alma Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 0 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30 - 1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo</u>		
FATHER	13. NAME <u>Leonard Roef</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alma, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Berthe Buschman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alma, Mo</u>	
17. INFORMANT (ADDRESS) <u>Leonard Roef (father)</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Alma Mo</u> DATE <u>7/1/39</u>		
19. UNDERTAKER (ADDRESS) <u>Alfred Brown</u>		
20. FILED <u>7/30/39 M.M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939

22. I HEREBY CERTIFY That I attended deceased from June 30, 1939, to June 30, 1939
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:37 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
<u>Stillborn</u>
Other contributory causes of importance: <u>Toxaemia of Pregnancy</u>

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) Herbert F. Van der Ven M. D.
 (Address) 315 Alma Road

