

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

Do not use this space.

15930

FILED MAY 15 1940

1. PLACE OF DEATH  
 County St. Clair Registration District No. 765  
 Township \_\_\_\_\_ Primary Registration District No. 4460  
 City Osceola (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME 360 William H Roeder  
 (a) Residence, No. Osceola 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Byrd Roeder  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1867  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 11 12  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nursery  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner  
 10. Date deceased last worked at this occupation (month and year) now 11. Total time (years) spent in this occupation life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania  
 13. NAME Jonathan Roeder  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT Mrs Byrd Roeder  
 (ADDRESS) Osceola Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola DATE 3-3-40  
 19. UNDERTAKER S. H. Hull  
 (ADDRESS) Osceola  
 20. FILED 4-30 1940 Paul Sevens  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1940 to 3-2, 1940  
 I last saw him alive on 3-1, 1940 Death is said to have occurred on the date stated above, at 5 a. m.  
 The principal cause of death and related causes of importance were as follows:  
coronary thrombosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 94 1/2  
 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? \_\_\_\_\_ 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) Paul Sevens, M. D.  
 (Address) Osceola Mo

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.

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JUN 18 1958

RECEIVED Officer No. 7,  
District Health 5-40-28/  
District File Number 5-7-40.  
Date Filed