

NOV 18 1940

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

Do not use this space.

35082

1. PLACE OF DEATH

County Clark Registration District No. 190
Township Jackson Primary Registration District No. 5274
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 36

2. FULL NAME

Katherine Roland

(a) Residence, No. Clark co. mo. St. Rural (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 <u>F.M.</u>	4. COLOR OR RACE <u>W.</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>G. P. Roland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 20, 1868</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>—</u>
	DAYS <u>20</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>Housewife</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1940 to Oct 18, 1940

I last saw h. _____ alive on Oct 10th, 1940 Death is said to have occurred on the date stated above, at 5:15 PM

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

Other contributory causes of importance:
arterial sclerosis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co. Missouri</u>
	13. NAME <u>Nicholas Kirchner</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Louisa Grimes</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT (ADDRESS) <u>G. P. Roland</u> <u>Kahoka Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kahoka</u> DATE <u>Oct 13</u> , 19 <u>40</u>	
19. UNDERTAKER (ADDRESS) <u>Fred F. Karle</u> <u>Kahoka Mo.</u>	
20. FILED <u>11/13</u> 19 <u>40</u> <u>J. B. Brady</u> Registrar	

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) J. B. Brady M. D.
1740 (Address) Kahoka 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.

RECEIVED

District Health Officer No. 10

District File Number 11-40-2127

Date Filed NOV. 13 1940