

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37117

1. PLACE OF DEATH

County Clay
Township Liberty
City _____ (No. _____) St. _____ Ward _____

Registration District No. 201
Primary Registration District No. 5280

File No. 112
Registered No. _____

2. FULL NAME

(a) Residence, No. Hugh G. Roe St. _____ Ward _____
(Usual place of abode) Liberty Mo. R#2

Length of residence in city or town where death occurred 4 yrs. 0 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>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>Stella Brown Roe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7-1872</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>
	DAYS <u>24</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6 mo</u>	
	11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Platte Co, Mo.</u>		
FATHER	13. NAME <u>Reuben Roe</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Rhoda Weaver</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Mr Jess Lightner</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>near Liberty Mo</u> DATE <u>Oct 1 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Weber & Co</u>		
20. FILED <u>11/2</u> by <u>E T Broun</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Oct 31, 1936
I last saw him alive on Oct 30, 1936 Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:
Ostitis Fibrosa Cystica (probable)

Other contributory causes of importance:
15

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) W. G. Goodson, M. D.
(Address) Liberty

