

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

Do not use this space.

1. PLACE OF DEATH

89 County Ray Registration District No. 743
 Township Fishy river Primary Registration District No. 6237
 City (No.) St. Ward

File No. 15348
 Registered No. 6

2. FULL NAME Ruben Roe

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rodie Emily Roe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 1843</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>8</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>70</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>		
13. NAME <u>Thomas Roe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leban Ky</u>		
15. MAIDEN NAME <u>Jennie Odell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leban Ky</u>		
17. INFORMANT (ADDRESS) <u>John F. Hoel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pisgah</u> DATE <u>4-7</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Walter H. Hoel</u> <u>Excellence Springs Mo</u>		
20. FILED <u>Apr 10</u> 19 <u>31</u> <u>L. E. Elliot</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1931

22. I HEREBY CERTIFY, That I attended deceased from April 3 1931 to April 6 1931
 I last saw him alive on April 4 1931. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
Cerebral Hemorrhage
 Date of onset 4/3-31

Other contributory causes of importance:
arterio-sclerosis

Name of operating physician J. F. Hoel 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? no
 If so, specify _____
 (Signed) John F. Hoel M. D.
 (Address) Excellence Springs Mo

WRITE CLEARLY, 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.

MAY 27 1931

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