

WRITE PLAINLY, 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.

AM.F.C. 547 1932

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

Do not use this space.

23806

1. PLACE OF DEATH
 89 County Ray Registration District No. 743
 Township Fishing news Primary Registration District No. 6237
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Matha E. Roe
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 63 yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George R Roe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 2 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Ray co Mo

FATHER
 13. NAME Jacob Woods
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co Mo

MOTHER
 15. MAIDEN NAME Eliza Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co Mo

17. INFORMANT (ADDRESS) George R Roe
Griffin Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Odell DATE Aug 2 1932

19. UNDERTAKER (ADDRESS) Robert Hope
Exclusion Spout Mo

20. FILED July 31 1932 L. E. Ellis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY That I attended deceased from Sept 27 1931, to July 31 1932
 I last saw him alive on July 26 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Tubercular Laryngitis
Cardiac Weakness
 Date of onset about Feb 1931

Other contributory causes of importance:
Cardiac Weakness

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 2 Date of injury 4 1932
 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) L. E. Ellis M. D.
 (Address) Griffin Mo

