

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.

5743**1. PLACE OF DEATH**

County Moniteau
 Township Ann
 City Ann (No.)

Registration District No. 574
 Primary Registration District No. 5772a

File No.
 Registered No.
 St. Ward

2. FULL NAMESophia Marie Roedel

(a) Residence. No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 9 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

Henry Roedel6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 7 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 9 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Carl Schoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Herrmann
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Schaeffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ann
 (STATE OR COUNTRY) Herrmann

14. INFORMANT John Roedel
 (Address) Prairie Home Mo

15. FILED 2-13-1930 N. A. Meyer
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-10 1930, to 2-12 1930
 that I last saw him alive on 2-9 1930 and that death occurred, on the date stated above, at 9 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shr Valvular Disease
7 Heart
92 A
82 A (duration) Unknown yrs. mos. da.

CONTRIBUTORY (SECONDARY) Slight Cerebral Hemorrhage (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. E. Meredith, M. D.
2-13-1930 (Address) Prairie Home Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moniteau Ex. Cem. DATE OF BURIAL 2-14 1930

20. UNDERTAKER C. Albert Hornbeck Prairie Home Mo. ADDRESS

