

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

Do not use this space.

DEC 19 1935

36755

1. PLACE OF DEATH

County Monteale
Township California
City California (No. 2)

Registration District No. 571
Primary Registration District No. 4335

File No. 69
Registered No. 69
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(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. (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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10, 1925</u>		
7. AGE YEARS <u>9</u>	MONTHS <u>11</u>	DAY <u>7</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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

12. BIRTHPLACE (CITY OR TOWN) St. Hannan City
(STATE OR COUNTRY) Missouri

13. NAME James Robert Roman

14. BIRTHPLACE (CITY OR TOWN) California, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Miss Bridgetine

16. BIRTHPLACE (CITY OR TOWN) Monteale CO
(STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs Della Roman
California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Nov. 18 1935

19. UNDERTAKER (ADDRESS) W. W. Wilson & Son
California Mo.

20. FILED 11-18-1935 H. P. Poppy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1935
22. I HEREBY CERTIFY That I attended deceased from Nov 16 1935 to Nov 17 1935
I last saw him alive on Nov 17 1935 Death is said to have occurred on the date stated above, at 3:40 a.m.

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

Accidental Gun Shot
wound in head

Other contributory causes of importance: 184
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: Accident Date of injury 11-16 1935
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. H. Kathana M. D.
(Address) California 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

