REFERENCE Family Data Sheet Surname: ROE

RFDS #: ROE-MOArc 001

Sheet 1 of 1

Date: 5 Feb 2008 Researcher: Detia M. Roe

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

County M. Filence County M. Pilence Certificate of Death Township Registration District No. 1 File No. 2262 Township Primary Registration District No. 1 File No. 2262 Of Willings Primary Registration District No. 1 File No. 1 File No. 2262 Other Manual Memory Market In Supplied in stillchildren Special Primary Registration District No. 1 File No. 1 File No. 1 File No. 2262 FULL NAME M. Ward) Statistical Particulars PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARKET WOONED TO SERVICE WOONED TO DEATH TO DATE OF DIRTH TAGE TAGE TOWNSHIP TO DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY. that I attended deceased from Market Wood No. 1 File No.	1 PLACE OF DEATH	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS
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VILLAGE Primary Registration District No. 44.6 Registered No. Ward		olet No.)) 4 File No. 2262
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TAGE THEREBY CERTIFY, that I attended deceased from (Month) (Month) (Day) (Year) TAGE II LEBS than I day	3 SEX 4 COLOH ON RACE MARRIED	Jan 24 1915
TAGE (Month) (Day) (Year) It LESS than and that death occurred, on the date stated above, at	6 DATE OF BIRTH	
AGE Social Companies Social		- Jan 23 1915 10 Jan 25 1915
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(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (City or town, State or foreign country) 10 NAME OF FATHER (City or town, State or foreign country) 11 BIRTHPLACE (City or town, State or foreign country) 12 Maioen NAME OF Mathematical Country (Secondary) 13 BIRTHPLACE (City or town, State or foreign country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MYA, W. H. SAMMA (Informant) MYA, W. H. SAMMA (Address) Flatt, Awar, MA. 15 16 CONTRIBUTORY Luthraculvaid (Country) (Secondary) (Signed) Address (Se		The same and the s
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13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Flat. (Address) Flat. (Address) Flat. (Address) (Addr	11 BIRTHPLACE OF FATHER OF FORTHER OF STATES	10 Mal Doppmer
13 BIRTHPLACE OF MOTHER OF MOTHER (City or town, State or foreign country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M.A. W. H. S. A.W. S. (Address) Flat, A.W. 10 Mes. (Address) Flat, A.W. 10 Mes. (Address) Date of Burial Or REMOVAL 15 16 LOWING MOTHER AT PRESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of deeth. yrs. mos. ds. Blate. yrs. mos. ds. Where was disease contracted if not at place of deeth? Former or usual residence. 19 PINCE OF BURIAL OR REMOVAL DATE OF BURIAL 15	12 MAIDEN NAME martha Roberson	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. M. W. H. Sands. (Address) Flat Awr. M. (Address) Flat Awr. M. 15	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
(Informent) Mrs. W. H. Sands. (Address) Flat, Awr. Ms. (Address) Fla		At place In the of death yrs mos ds. State yrs mos ds.
(Address) Flat Own, Mo. 19 page of BURIAL OR REMOVAL DATE OF BURIAL 15 Own Mo. 19 page of BURIAL OR REMOVAL DATE OF BURIAL 15 Own Mo. 1915?	M. MAN 11 C. 1.	
15 Elvino no James 1915?	(Address) Flat River mo.	usual residence.
	(Address)	20 . 25 45
Regulater L. H. Emplish & L. A. P.		29 UNDERTAKER ADDRESS

