JUN 27 1927

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

Do not use this space.

15406

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Lees Summit (No. ..... St. ..... Ward)
Registration District No.: 4rd
Primary Registration District No.: 4-233
File No.:
Registered No.: 53

2. FULL NAME: Martha M. Roberts

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 2- 1908

7. AGE: Years 19 | Months 3 | Days – | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Concordia
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Henry H. Droege
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Johnston Co
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Margaret R. Eckert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Johnston Co
(STATE OR COUNTRY): Mo.

14. INFORMANT: Henry H. Droege
(Address): Lees Summit, Mo.

15. FILED: 5-3 19 27 F. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 2nd 1927.

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1927, to May 2, 1927, that I last saw ... alive on May 2, 1927, and that death occurred, on the date stated above, at 11 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis following Influenza and Pneumonia
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY): Influenza and Pneumonia
(duration) yrs. mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Wasgatt M.D.
19 (Address) Lees Summit 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: Lees Summit Ceme
DATE OF BURIAL: 5-3 1927.
20. UNDERTAKER: F. M. Schick & Son
ADDRESS: Lees Summit

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.

THIS IS A PERMANENT RECORD