OCT 24 1927

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

Do not use this space.

26557

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 100 — Registered No. 960

City St Joseph (No. Mo. Meth Hosp. St. Ward)

2. FULL NAME Mary Florence Roberts

(a) Residence. No. St., Ward. Stanberry Mo
(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 F — 4. COLOR OR RACE Wh — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 21-1883

7. AGE — YEARS 44 — MONTHS 5 — DAYS 25 — 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) 121A 111A
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Jos. Skidmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT John A Roberts
(Address) Stanberry Mo

15. FILED SEP 18 1927 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16th 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 16, 1927 that I last saw her alive on Sept 16, 1927, and that death occurred, on the date stated above, at 1 m. a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Embolism following operation for Ruptured gangrenous appendicitis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) appendicitis (duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Stanberry Mo

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 2-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sudden death after recovery from operation

(Signed) W. F. Schmid, M. D.

Sept 17, 1927 (Address) St Joseph 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 Stanberry Mo — DATE OF BURIAL 9/18 1927

20. UNDERTAKER J. L. Stingley — ADDRESS 216 So 10th

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.