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

Do not use this space.

29467

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No. 71
Township — Primary Registration District No. 3003 — Registered No. 71
City Monett (No. ..... St. ..... Ward)

2. FULL NAME Mrs Leta Almira Roller
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: W. E. Roller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 9-1891

7. AGE: Years 35 — Months 10 — Days 2 — 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): Clifton
(STATE OR COUNTRY): Kans

PARENTS
10. NAME OF FATHER: John Shea
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Etta Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Vermont

14. INFORMANT: W. E. Roller
(Address): Monett Mo

15. FILED 10-11 1927 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1927, to Oct 11, 1927, that I last saw her alive on Oct 10, 1927, and that death occurred, on the date stated above, at 3 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart disease due to Mitral lesion
(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): 1004
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) T. E. Hasting D.O., M.D.
, 19 (Address) Monett 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~~: Arkansas City Kans — DATE OF BURIAL: 10/13 1927
20. UNDERTAKER: Callaway's — ADDRESS: Monett

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state