R 19 1928

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

Do not use this space.

4699

~~In Wallace~~

File No. .....

Registered No. 26

1. PLACE OF DEATH

County Henry ..... Registration District No. 347

Township ..... Primary Registration District No. 3018

City Clinton (No. ..... St. ..... Ward)

2. FULL NAME Mary K 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: T. A. Roberts

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 11 1871

7. AGE: Years 56 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: ~~T. A. Roberts~~

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scuyler Co Ill

PARENTS

10. NAME OF FATHER: Jacob Bowers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scott Co Ill

12. MAIDEN NAME OF MOTHER: Sapha Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT (Address): Frank Young Clinton Mo

15. FILED Feb 20, 1928 Dr E C Peelor by J.G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 17 1928

17. I HEREBY CERTIFY, That I attended deceased from 2nd 1928, to Feb 17 1928 that I last saw her alive on 16 " Feb 1928, and that death occurred, on the date stated above, at 1115 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Nephritis Chronic

131

129A

(duration) 3 or 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. Warren, M. D

, 19 (Address) Clinton 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: Clinton Mo | DATE OF BURIAL: Feb. 19 1928

20. UNDERTAKER: Lewis Wilkinson | ADDRESS

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