MAY 23 1929

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

Do not use this space.

9356

**1. PLACE OF DEATH**

County ADAIR — Registration District No. 4 — File No.

Township Benton — Primary Registration District No. 5005 — Registered No. 71

City KIRKSVILLE MO R R (No. ..... St. ..... Ward)

**2. FULL NAME** VISA JANE ROBERTS,

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

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELMER ROBERTS,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) AUG 24th 1895

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 ~~32~~ | 7 | ~~4~~ 5 | |

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

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

PARENTS

10. NAME OF FATHER JOHN STOGGILL

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) IOWA

12. MAIDEN NAME OF MOTHER DONT KNOW

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

14. INFORMANT Elmer Roberts
(Address) KIRKSVILLE MO

15. FILED 4/9 1929 C. A. Becker Deputy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept ..... 1928, to Mar ..... 1929, that I last saw her alive on Mar 4th 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

234 / 31

..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza

..... (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? microscopic

(Signed) L. J. Conner, M. D.

, 19 (Address) Kirksville

*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 | DATE OF BURIAL |
|---|---|
| HIGHLAND PARK | 3-31 1929 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Davis & Wilson | Kirksville |

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.

1929- 3- 29
1895 8- 24
33-7 5