

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

Do not use this space.

2308

1. PLACE OF DEATH

County Putnam
Township.....
City Unionville (No.....)

Registration District No. 718
Primary Registration District No. 1430

File No.....
Registered No. 3
St..... Ward.....

2. FULL NAME

Debbie R. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. P. Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-25-1849</u>		
7. AGE <u>80</u>	YEARS <u>0</u>	MONTHS <u>28</u>
		DAYS <u>28</u>
		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).....
(STATE OR COUNTRY) Kent

10. NAME OF FATHER J. J. Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kent
12. MAIDEN NAME OF MOTHER Mrs. E. Steele
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kent

14. INFORMANT Mrs. E. Calvin Kent
(Address) Clinton, Mo.

15. FILED Jan 24 1930 J. H. Halman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23, 1930
17. I HEREBY CERTIFY That I attended deceased from....., 1930, to Jan 23, 1930 that I last saw her alive on Jan 22, 1930 and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Arterio-renal disease
95A
suicidal (duration) yrs. mos. ds.

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

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

Did an OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) J. H. Halman M. D.
Jan 24 1930 (Address) Unionville, 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 Unionville, Mo DATE OF BURIAL Jan 24, 1930

20. UNDERTAKER J. O. Fustel & Son ADDRESS Unionville, Mo

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.

