

MAR 25 1930

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

Do not use this space.

4175

1. PLACE OF DEATH

Country.....Buchanan..... Registration District No. 85
Township..... Primary Registration District No. 1001
City.....St. Joseph..... (No. Missouri Methodist Hospital) St. Ward

File No. 245
Registered No. 245

2. FULL NAME.....Roberta House

(a) Residence. No. St. Ward. Worth Co. Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 16, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 2 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Homer J House
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....Worth Co. Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ona Findley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....Worth Co. Missouri
(STATE OR COUNTRY)

14. INFORMANT.....Homer J House
Denver Mo.

15. FILED..... John G. [Signature] REGISTRAR
FEB 26 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 1930 to Feb 25 1930 that I last saw her alive on Feb 25 1930 and that death occurred, on the date stated above, at 5/22 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis, Lethargica

17. CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 25

18. WHERE WAS DISEASE CONTRAILED? IF NOT AT PLACE OF DEATH, Denver Mo

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

18. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Spinal Fluid Examination
(Signed) M. Rager Moore, M. D.

Feb. 25 19 30 (Address) St Joseph, Mo.

*State the DISEASE CAUSING DEATH, 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
Denver Missouri Feb. 28 1930

20. UNDERTAKER ADDRESS
J. O. Sidin [Signature] 1802 Union St.

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.

