

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

Do not use this space.

8657

1. PLACE OF DEATH

County Jackson
Township 1st
City Kansas City (No. St. Mary's Hospital)

Registration District No. 399

File No. 1034
Registered No. 1034
St. _____ Ward _____

2. FULL NAME

Olivia Marguerite Roberts
(a) Residence. No. Coffeyville Kans. 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 William E. Roberts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 6 0 0 0

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) Clinton
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry J. Kratz

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

12. MAIDEN NAME OF MOTHER Maggie Hartman

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

14. INFORMANT William E. Roberts
(Address) Coffeyville Kansas

15. FILED 3/7 1930 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930, to March 6, 1930 that I last saw her alive on March 6, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sepsis - Septic Endocarditis with infarcts.
44 B
96 A
(duration) yrs. 0 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? at her home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical examination
(Signed) Paul E. Stodary, M. D.
3/7, 1930 (Address) 902 1/2 S. 13th St. Kansas City, 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 Coffeyville Kansas DATE OF BURIAL March 10 1930

20. UNDERTAKER John Strick ADDRESS Kansas City, 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.

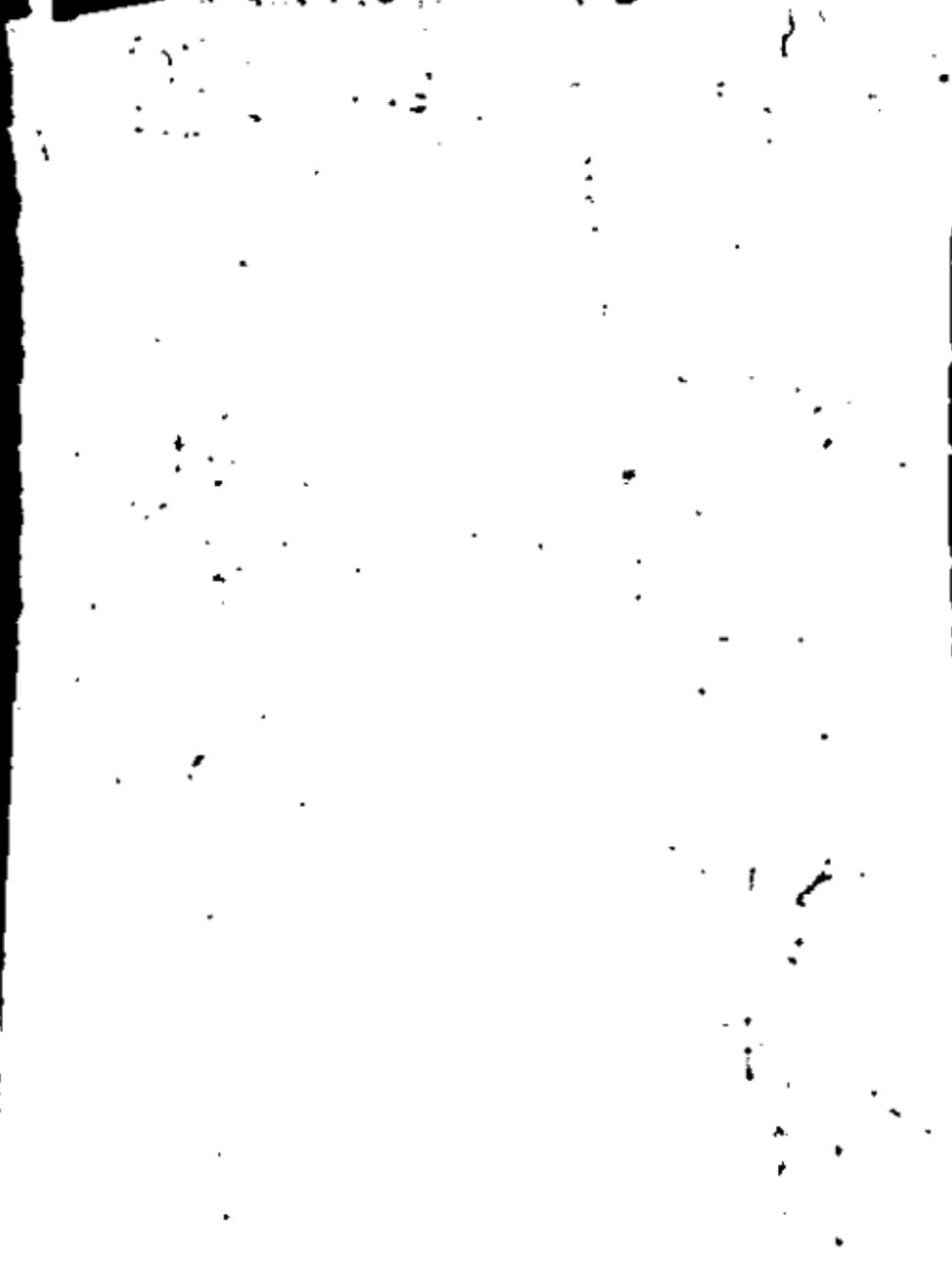
233

JUN 16 1954

902 angle.

Was this a puer-
peral case?

No
Fault. Shocking.



ticular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

1034

Name: Olivia Marguerite Roberts

Who died at: Kansas City, Mo. Mar. 6, 1930.

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: GM

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Septicemia - Septic

Endocarditis with infarcts

Contributory: Unknown.

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