

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

Do not use this space.

12067

1. PLACE OF DEATH
 County Clinton Registration District No. 206 File No. _____
 Township _____ Primary Registration District No. 4124 Registered No. 15
 City Lathrop (No. _____) St. _____ Ward _____

2. FULL NAME Mary Leontine Roberts
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If possesident 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>7</u>	<u>7</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Charles Amos Barry

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

12. MAIDEN NAME OF MOTHER Mary Louisa

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

14. INFORMANT Mrs. Jennie Hoy
 (Address) Lathrop, Mo.

15. FILED 4-3, 1930 J. T. Timney
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-1 1930

I HEREBY CERTIFY That I attended deceased from _____
11 to 12 1930
 that I last saw h. _____ alive on 4-1 5:45 p. m. and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis
93C
 (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 918

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. H. Longfield, M. D.

4-2, 1930 (Address) Lathrop Mo

*State the DISEASE CAUSING DEATH, or if 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 Lathrop Mo. DATE OF BURIAL 4-3, 1930

20. UNDERTAKER See Mrs. Cronin ADDRESS Lathrop, 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.

