WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1930

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

Do not use this space.

21911

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 143
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Roland T. Procter
(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. 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Oct. 9 - 1869

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

7. AGE: YEARS 60 — MONTHS 9 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Matron
(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): Chicago Ill

PARENTS
10. NAME OF FATHER: A. C. Millard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Massachusetts
12. MAIDEN NAME OF MOTHER: E. C. Tower
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mass.

14. INFORMANT: Miss Elsie Proctor
(Address) Columbia Mo.

15. FILED 7/10/ 1930 Beatrice Grubbs REGISTRAR
F.C.S.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-10- 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1924 to July 9, 1930 that I last saw her alive on July 9, 1930, and that death occurred, on the date stated above, at 3 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
1931
..... (duration) 6 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Bruce G. Stine, M. D.
, 19 (Address) Columbia 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: Independence
DATE OF BURIAL: 7-10-1930

20. UNDERTAKER: Tom McHarg
ADDRESS: Columbia