

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

Do not use this space.

23562

**1. PLACE OF DEATH**

County Marion  
Township Palmyra  
City Palmyra

Registration District No. U-48  
Primary Registration District No. 4328

File No. \_\_\_\_\_  
Registered No. 38  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(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.

Hannah M. Roberts

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 5 6

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) Ind

10. NAME OF FATHER Thos Modlin

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Frank Roberts  
(Address) Hammond, Mo

15. FILED 7/27 1930 Daigler REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1930, 1930, to July 26<sup>th</sup>, 1930, that I last saw h.m. alive on July 26<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 6:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stroke - apoplexy

82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. Don't know.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. C. Ornel M. D.  
7/27, 1930 (Address) Palmyra 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 DATE OF BURIAL  
Hammond, Mo 7/28 1930

20. UNDERTAKER ADDRESS  
Sprague & Co. Palmyra

K. 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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1930

PARENTS

