

NOV 21 1930

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

Do not use this space.

32078

1. PLACE OF DEATH

County Boone  
Township Cedar  
City Ashland Mo (No. \_\_\_\_\_)

Registration District No. 71  
Primary Registration District No. 4040

File No. \_\_\_\_\_  
Registered No. 25  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Olevia Roberts

(a) Residence. No. Ashland Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 6 11

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) Boone Co  
(STATE OR COUNTRY)

10. NAME OF FATHER Levi Bewitts

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

12. MAIDEN NAME OF MOTHER Mary Ware

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT J. M. Roberts  
(Address) Ashland Mo

15. FILED Oct 19 30 A. J. Nichol  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 8 1930

17. I HEREBY CERTIFY, That I attended deceased from July \_\_\_\_\_, 1930 Oct 8 \_\_\_\_\_, 1930  
that I last saw in alive on Oct 5 \_\_\_\_\_, 1930 and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of lumen  
Pancreas  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 4408  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) A. B. Cuyler, M. D.

18. 8 . 1930 (Address) Ashland 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 New Salem DATE OF BURIAL Oct 10 1930

20. UNDERTAKER W. O. Willott ADDRESS Columbia 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.

