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

Do not use this space.

41215

File No.

Registered No. 11883

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Maggie Rollins.

(a) Residence. No. 2908 Jarvis St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colord.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	58	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work, house wife 59 131
(b) General nature of industry, business, or establishment in which employed (or employer) 82A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Benn Campbell.

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Priscilla Anderson
(Address) 2160 Jarvis St.

15. FILED DEC 20 1930, 19 Max C Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/22, 1930 to Dec. 18, 1930 that I last saw her alive on Dec. 1 9, 1930, and that death occurred, on the date stated above, at bet. 11 and 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy. (Cerebral hemorrhage)

Ailing for last several years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis, chron. nephritis and diabetes (duration) yrs. mos. ds.

Mellitus

18. WHERE WAS DISEASE CONTRACTED? 57

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF --

WAS THERE AN AUTOPSY? No, but Coroner will O.K. certificate

WHAT TEST CONFIRMED DIAGNOSIS?

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

12/19, 1930 (Address) 3621 N. 20th Str.

*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
Friedens	Dc. 24, 1930
20. UNDERTAKER	ADDRESS
Gus. Scott 3015	Lawton

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.