

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.

MAY 27 1931

2332-a MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

78 County Pernscoot
Township
3 City Courtherville (No.)

Registration District No. 651
Primary Registration District No. 4988

File No. 2332-a
Registered No. 40
St. Ward)

2. FULL NAME

Euanna Roberson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-17-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 9 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer). 244
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Spring Wood
(STATE OR COUNTRY) Miss 2

PARENTS
10. NAME OF FATHER Jasper Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Elbert
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Millie Hollings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Elbert
(STATE OR COUNTRY) Miss

14. INFORMANT Maligpa Johnson
(Address) Courtherville, Mo.

15. FILED May 9 1931 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-20- 1931, to 1-22- 1931 that I last saw her alive on 1-20- 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

T B Lungs
23A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thomas Hallin, M. D.

(Address) Courtherville, 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

Mason Cemetery 1-23 1931

20. UNDERTAKER W. M. Ford ADDRESS 6, ville

