

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

Do not use this space.

18353

**1. PLACE OF DEATH**

4<sup>th</sup> County Jasper Registration District No. 406  
 Township Swingaway Primary Registration District No. 5560  
 City Carl Junction St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 16  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nellie Roberts  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Joplin - Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. G. Roberts</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>no record from 1883</u>				
7. AGE <u>48</u>	YEARS -	MONTHS -	DAYS -	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife 7<sup>th</sup> St</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) Joplin Mo  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Mr. Fred King</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	12. MAIDEN NAME OF MOTHER <u>no record</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>E. G. Roberts</u>	

14. INFORMANT (Address) Joplin - Mo  
E. G. Roberts

15. File May 21 1931 Carl Junction  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1931  
 17. I HEREBY CERTIFY, That I attended deceased from May 19 1931 to May 19 1931 that I last saw h. alive on May 19 1931 and that death occurred, on the date stated above, at 9:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
appendicitis  
121 B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) 121 B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) D. L. Alferty M. D.  
 (Address) Carl Junction 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 Carl Jct. Mo  
 DATE OF BURIAL May 21 1931

20. UNDERTAKER C. B. Rowley  
 ADDRESS Carl Jct. 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. JUL 5 1931

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