

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

Do not use this space.

**31453**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1407  
 City Kansas City (No. 7211 Bellefontaine) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3951  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Mrs. May E. Roberts

(a) Residence, No. 7211 Bellefontaine St. 16 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 37 yrs. mos. 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>Jno. M. Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18th, 1894</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>8</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
13. NAME <u>No Data</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>		
15. MAIDEN NAME <u>No Data</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>		
17. INFORMANT <u>Jno. M. Roberts</u> (ADDRESS) <u>7211 Bellefontaine</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>9/26/31</u>		
19. UNDERTAKER <u>W. E. Hayberry</u> (ADDRESS) <u>City</u>		
20. FILED <u>9-25</u> 19 <u>31</u> <u>M. M. Brown</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24th. 19 31

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1931, to \_\_\_\_\_, 1931.  
 I last saw him alive on Sept 24, 1931. Death is said to have occurred on the date stated above, at 8.20P.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of cervix  
48  
46E118  
 Other contributory causes of importance:  
Carcinomatous metastasis to liver  
 Date of onset \_\_\_\_\_

Name of operation Hysterectomy Date of \_\_\_\_\_ 1930  
 What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. E. Hayberry M. D.  
 (Address) 1150 7th Street N.W.

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.

Professional Writing  
File 1145