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

Do not use this space.

31672

File No.
Registered No.

**1. PLACE OF DEATH**

County: Johnson.
Township: ~~Warrensburg.~~
City: Warrensburg. (No. , St. Ward)

Registration District No.: 431
Primary Registration District No.: 3023

**2. FULL NAME** Lula V. Roche.

(a) Residence, No. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 21, 1883.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 1 | 16. | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printess.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper office
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) Warrensburg Mo.

**FATHER**

13. NAME Chas. W. Crooks.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamstown. Ky.

**MOTHER**

15. MAIDEN NAME Ida. M. Williams.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Ida M. Crooks.
(ADDRESS) Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Sept 9 1931

19. UNDERTAKER R. Q. Phillips.
(ADDRESS) Warrensburg

20. FILED Sept 9 1931 Wm R Patterson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1931.

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to Sep 8 31, 1931
I last saw her alive on Sep 7 9.45 P.M. 1931. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset 1929

91A 71A

Other contributory causes of importance:
none known

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) Wm R Patterson, M. D.
(Address) Warrensburg 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.

WRITE PLAINLY, WITH UNFADING INK

OCT 24 19