

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

Do not use this space.

33464

1. PLACE OF DEATH
 County Franklin Registration District No. 908
 Township Wilton Primary Registration District No. 14049
 City Wilton (No. 200) St. _____ Ward _____

2. FULL NAME Laura E. Roper
 (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 81 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>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Roper</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-8-1850</u>	
7. AGE	YEARS <u>81</u>	MONTHS <u>6</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horse Keeper</u>		11. Total time (years) spent in this occupation	
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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smith Co Mo</u>			
13. NAME <u>James Green</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
15. MAIDEN NAME <u>Montgomery</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
17. INFORMANT (ADDRESS) <u>Mrs. C. J. Keller</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dyers</u> DATE <u>9-18-1931</u>			
19. UNDERTAKER (ADDRESS) <u>Botten Funeral Home</u>			
20. FILED <u>9/30</u> 19 <u>31</u> <u>J. H. Edwards</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16th 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-9-1931, to 9-16-1931
 I last saw him alive on 9-16-1931 Death is said to have occurred on the date stated above, at 11:50 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Brights Disease Date of onset 9-6-31
Influenza of Heart

Other contributory causes of importance:
of Heart

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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? ✓
 If so, specify H. G. Traue M. D.
 (Signed) Mountain Grove, Mo. (Address)

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.

OCT 29 1931

Was he in ^{awin} ~~awin~~
mining? Did he