

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

Do not use this space.

20118

1. PLACE OF DEATH

64 County Marion Registration District No. 57
Township _____ Primary Registration District No. 3079
8 City Hannibal (No. 1501) Page _____

File No. _____
Registered No. 175
St. _____ Ward _____

2. FULL NAME

Laura I. Roberts
(a) Residence, No. 1501 Page _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Roberts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 4 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235 - 40E 1277
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) Rails Co, Missouri

13. NAME Milton Truitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Mary Skinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT C. A. Roberts Son
(ADDRESS) 1501 Page St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE June 14, 1932

19. UNDERTAKER Wm M Smith
(ADDRESS) Hannibal, Mo.

20. FILED 6/15 1932 E. Clausius
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to June 9, 1932
I last saw her alive on June 9, 1932 Death is said to have occurred on the date stated above, at 2:00a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of gall bladder Date of onset Jan. 1932
466
Other contributory causes of importance: obstructive jaundice Feb 1932
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 Arnold B. Sordich, M. D.
(Signed) Hannibal, Mo.
(Address) _____

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 25 1932

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - JEFFERSON CITY, MISSOURI

