

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

Do not use this space.

28458

1. PLACE OF DEATH

10 County Boone Registration District No. 72
 2 Township Centralia Primary Registration District No. 4041
 2 City Centralia (No. _____) St. _____ Ward _____

File No. _____

Registered No. 29

2. FULL NAME

Arlene Francis Roberts
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15th 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>17</u>	<u>9</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1235

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) Monroe Co Mo

13. NAME James Harlow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

15. MAIDEN NAME Alice Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT (ADDRESS) Harry Roberts

18. BURIAL, CREMATION, OR REMOVAL Centralia R.I. Cem DATE Sept 22, 1932

19. UNDERTAKER (ADDRESS) W. McDonald

20. FILED 9/21, 1932 J. E. Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Sept 20, 1932.

I last saw her alive on Sept 19, 1932. Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

Enteritis Date of onset Sept 8-32

147 B / 120 B / 49 B

Other contributory causes of importance: Child Birth - Sept 10 - 1932

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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 _____

(Signed) J. E. Hickerson, M. D.
 (Address) Centralia Mo

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 24 1932

