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.

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

Do not use this space.

29414

1. PLACE OF DEATH

County Jackson — Registration District No. 899 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2588

City Kansas City (No. 908 West 29th St. Ward)

2. FULL NAME Mrs. Della Virginia Roberts

(a) Residence, No. 908 West 29th St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Henry W Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 9 1876

7. AGE: 55 YEARS — MONTHS: 8 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235 9 9

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): West Virginia

FATHER

13. NAME: James Hoven

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

MOTHER

15. MAIDEN NAME: Sallie McBathe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

17. INFORMANT (ADDRESS): Henry W Roberts 908 West 29th

18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park Cem. DATE: 9/23/32, 19

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co. 20 West Linwood

20. FILED: 9/22, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/21/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-7-32, 19, to 9-21-32, 19

I last saw her alive on 9-21-32, 19 Death is said to have occurred on the date stated above, at 12 a.m.

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

Chronic Myocarditis — Date of onset: 2 Weeks

possibly longer?

930

Other contributory causes of importance: Arteriosclerosis — 5 years

Name of operation: None — Date of

What test confirmed diagnosis? Physical — 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?

If so, specify

(Signed) [signature] M. D.

(Address) 1402 Bryant Bldg