

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.

69 1932

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

Do not use this space.

1. PLACE OF DEATH
 29 County Greene Registration District No. 317
 Township Pond Creek Primary Registration District No. 5437
 City..... (No.....) St. Ward.....

2. FULL NAME Zella Viola 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.

35366

File No.
 Registered No.
 St. Ward.....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 11 13

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

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) 10-29-32 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo.

13. NAME Zella Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Bronckia Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Austin Roberts
 (ADDRESS) 1904 W. Walnut St. Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Robertson cemetery DATE 12-2 1932

19. UNDERTAKER Tom Chaffin
 (ADDRESS) Osark

20. FILED 11-30 1932 H. W. Shove
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-28- 1932, to 11-30- 1932
 I last saw her alive on 11-30- 1932 Death is said to have occurred on the date stated above, at 1:00 P.m.
 The principal cause of death and related causes of importance were as follows:
Enter Stibial
131 nephritis
 Other contributory causes of importance: 131 (3)
fluid in pleural cavity
 (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) H. K. Mitchell M. D.
 (Address) Box 234 Republic Mo

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