

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

Do not use this space

5304

858

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Jaw Primary Registration District No. _____
 City W. C. Mo. (No. W. C. Mo.) W. C. Mo. Hospital _____
 St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Washington Mo. St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 Chas H. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 4 12

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.

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) Brownington Mo.

13. NAME J. Church

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

15. MAIDEN NAME Luz Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownington Mo.

17. INFORMANT Chas N. Roberts (ADDRESS) Brownington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 2-21 1933

19. UNDERTAKER Melody Nesbitt (ADDRESS) W. C. Mo.

20. FILED 2-21 1933 M. M. Browe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933, 19____, to Feb 21, 1933, 19____. I last saw him alive on Feb 21, 1933 Death is said to have occurred on the date stated above, at _____ m.

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

Abortion at 54 mos. followed by septicaemia and streptococci meningitis
 Other contributory causes of importance: Uterus emptied at home 2/14/33

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) R. Lloyds, M. D.

(Address) 1103 Grand

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.

WHITE LABEL WITH UNFADING INK—THIS IS A PERMANENT RECORD

