

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

Do not use this space.

13937

1. PLACE OF DEATH

County Miller Registration District No. 561 File No. _____
 Township _____ Primary Registration District No. 3755 Registered No. 19
 City Olean, (No. _____) St. _____ Ward _____

2. FULL NAME Susan Roberts

(a) Residence, No. Olean, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Not Known Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 15th, 1840</u>		
7. AGE YEARS <u>93</u>	MONTHS <u>2</u>	DAYS <u>17</u> IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	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) <u>Covington</u> (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Nathaniel Medlock</u>	
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Evelin McDaniel</u>	
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>R.L. George</u> (ADDRESS) <u>Olean, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gray Cemetary</u> DATE <u>Apr. 13th, 1933</u>		
19. UNDERTAKER <u>G.N. Steffens</u> (ADDRESS) <u>Russellville, Mo.</u>		
20. FILED <u>4-13</u> , 19 <u>33</u> <u>Belle Haynes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to April 12, 1933
 I last saw her alive on April 8, 1933 Death is said to have occurred on the date stated above, at 7-40 A.M.
 The principal cause of death and related causes of importance were as follows:
Senility
Nov 162
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chloroform 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? No
 If so, specify _____
 (Signed) H. D. Walker, M. D.
 (Address) Olean 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.

MAY 22 1933

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