

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.

JAN 26 1934

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

Do not use this space.

40831

PLACE OF DEATH

County Leg Madrid  
Township Lewis  
City (No. ....) (No. ....) Ward

Registration District No. 274  
Primary Registration District No. 6261

File No. ....  
Registered No. ....

2. FULL NAME Not named daughter 'O A Roberts  
(a) Residence, No. .... 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-33  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, sawmill, 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) Lewis Twp.

13. NAME O A Roberts

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

15. MAIDEN NAME Rhoda Fleming

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

17. INFORMANT O A Roberts  
(ADDRESS) Lelbourn Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newark DATE 12-15-33

19. UNDERTAKER Hall Bros  
(ADDRESS) Lelbourn Mo

20. FILED Jan 10 1934 E. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-33  
22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1933 to Dec 14 1933  
I last saw him alive on Dec 14 1933. Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:

Premature birth Date of onset

Other contributory causes of importance: 157

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? at home  
(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 E. E. Jones  
(Signed) Lelbourn Mo M. D.  
(Address)

