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.

501

1. PLACE OF DEATH
County: Chariton
Township: Yellow Creek
City: (No. St. Ward)
Registration District No.:
Primary Registration District No.:
File No.:
Registered No.:

2. FULL NAME: Alice Burroughs Roberson

(a) Residence, No. Richville 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: F
4. COLOR OR RACE: W
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED (write the word)~~: Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John F. Roberson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-23 1859

7. AGE: Years 74 Months 7 Days 27 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
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 COUNTY): Linn Co Mo

FATHER
13. NAME: John C. Burroughs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Boone Co Mo

MOTHER
15. MAIDEN NAME: Mary Jane Ridgway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Howard Co Mo

17. INFORMANT: Mrs Floyd Lambert
(ADDRESS): Richville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill DATE: 1-22 1934

19. UNDERTAKER: C. W. Hill
(ADDRESS): Brookfield Mo

20. FILED ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1933, to 1-20, 1934. I last saw h.... alive on 1-20, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

	Date of onset
Chronic Nephritis	6 Mo
130	
98.6	

Other contributory causes of importance:

Sh. Stated Reflex	8 yrs.

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) [illegible], M. D.
(Address) Brookfield, Mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Chariton — Registration District No.: 174 — File No.: 501

Township: Yellow Creek — Primary Registration District No.: 5241 — Registered No.:

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Alice B Roberson

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W

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

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

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. UNDERTAKER (ADDRESS)

20. FILED 2-10 1934 C D Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19..

I last saw h..... alive on ....., 19..... 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:

	Date of onset

Other contributory causes of importance:

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? .....
(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) C D Stratton, M. D.

(Address) Rothville Mo

SUPPLEMENTARY

S-501