

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.

MAR 24 1934

1. PLACE OF DEATH

County Miller
Township Edwin
City Eldon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No. 1880-2
Registered No. 10 (Ward)

2. FULL NAME

Anna Pearl 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) Dec 12 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
41 1 12

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

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) Jan 19 34 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroeville Mo

13. NAME Jack Roberts

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

15. MAIDEN NAME Mary Janet Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFORMANT (ADDRESS) Mary Roberts Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosewell Mo DATE Jan 26 34

19. UNDERTAKER (ADDRESS) N.A. Gows Barnett Mo

20. FILED 1-26 1934 Belle Haynes Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1934 to 1/24 1934. I last saw her alive on 1/24 1934. Death is said to have occurred on the date stated above, at 5 a. m. The principal cause of death and related causes of importance were as follows:

Acute Dilation of Heart

Other contributory causes of importance: Cardiac Pathosis

Name of operation. 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? 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) G. J. Walker, M. D. (Address) Eldon Mo.

