

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

1880-
9

1. PLACE OF DEATH

County Miller
Township Caluse
City Eldon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No.
Registered No. 18 St. 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 14, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 1 10

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 1934 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co 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) Ill. Mo

17. INFORMANT (ADDRESS) Mary J. Roberts Eldon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hohewell DATE Jan 26 1934

19. UNDERTAKER (ADDRESS) N A Yorks Bartlett, Mo

20. FILED Jan 25, 1934 Belle Hynes Registrar.

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

22. HEREBY CERTIFY, That I attended deceased from 1/23 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 dilatation of heart 1/23/34

Other contributory cause of importance Cardiac Asthma 1/23/34

Name of operation Obituary Date of 1/23/34
What test confirmed diagnosis Obituary 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?

If so, specify

(Signed) H. D. Walker, M. D.

(Address) Eldon, Mo

