

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

Do not use this space.

9259

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township West Primary Registration District No. 1002
 City N. C. Mo (No. 1806 Brownell) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Louise Jane Roberts
 (a) Residence, No. 1806 Brownell St., _____ Ward. _____
 (Usual place of abode)

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>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-23-1859</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>1</u>
	DAYS <u>7</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>Housework</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-30-34

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1933, to March 30, 1934.

I last saw her alive on March 26, 1934 Death is said to have occurred on the date stated above, at 8:05 PM m.

The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease
Chronic nephritis

Other contributory causes of importance:
1919 A

Date of onset: About June 1933.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	13. NAME <u>Wilson Forristo</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Melina Darby</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
17. INFORMANT (ADDRESS) <u>Chester Morris</u> <u>1806 Brownell, ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ava, Mo</u> DATE <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. C. F. Goutier</u> <u>418 Chestnut St</u>	
20. FILED <u>3-31</u> , 1934 <u>Wm. C. Croome</u> Registrar.	

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinalysis 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?
 If so, specify _____
 (Signed) J. T. Piernard, M. D.
 (Address) 3336 Summit St.

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.

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RECEIVED

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, WASHINGTON

RE: [Illegible]

10/15/54

[Illegible]

10/15/54

[Illegible]

[Illegible]