

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

Do not use this space.

MAR 25 1935

5040

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 1805 N. Lyon
 City Springfield St. 127 Ward 127
 2. FULL NAME Martha Vienna Roper
 (a) Residence, No. 1805 N. Lyon St. 127 Ward 127
 (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.

File No. 127
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u> (Write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 16 - 1852</u>				
7. AGE	YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>9</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>House Work</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>In home</u>			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation <u>✓</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
MOTHER	13. NAME <u>Willie Davis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
	15. MAIDEN NAME <u>Isabel M. Murty</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
17. INFORMANT <u>J. D. [unclear]</u> (ADDRESS) <u>Springfield, Mo.</u>				
18. BURIAL, CREATION, OR REMOVAL PLACE <u>Trane Grove Cemetery</u> DATE <u>Feb 26</u> 19 <u>35</u>				
19. UNDERTAKER <u>J. W. [unclear]</u> (ADDRESS) <u>Springfield, Mo.</u>				
20. FILED <u>2-25</u> 19 <u>35</u> <u>[unclear]</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to Feb 24, 1935
 I last saw her alive on Feb 24, 1935 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:
Broncho pneumonia 2/20/35
Influenza 1/10/35
Anterior secondary
 Other contributory causes of importance: _____
 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) Arthur S. Kraft, M. D.
 (Address) 450 1/2 E. Canal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

