AUG 20 1935

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

Do not use this space.

20570

1. PLACE OF DEATH
County: Oregon
Township: Jackson
City: ..... (No. ..... St. ..... Ward)

Registration District No. 1064
Primary Registration District No. 5842

File No. .....
Registered No. 7

2. FULL NAME: Lillie 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

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND or~~ (OR) WIFE OF: J. H. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-10-1885

7. AGE: Years 50 | 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.: 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 COUNTRY): Iowa

FATHER
13. NAME: John Gage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't know

MOTHER
15. MAIDEN NAME: don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't know

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cotton Creek DATE: 6-11 1935

19. UNDERTAKER (ADDRESS): Neighbors

20. FILED: 8-9 1935 W. S. Cotham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-10 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to June 10, 1935. Last saw her alive on June 10, 1935. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

T. B. of lungs — Date of onset 1933

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) D. O. Hilton, M. D.
(Address) Alton 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.